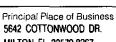
04-14-2003 90374 021 \*\*\*150.00

1. Entity Name

SIWICKI PLUMBING, INC.



Mailing Address

5642 COTTONWOOD DR.

MILTON FL 32570-8367				MILTON FL 32570-8367								
2. Principal Place of Business  SAME AS Above				3. Mailing Address  SAME AS Above				100(188)	11 99191 41110 1011		#10 #11 F401	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHĘCK HERE IF MAKING CHANGES				
City & Stat		— City	City & State				4. FEI Number FO SEGMAN Applied For					
City & State				or State				59-3590469		<del>-+·</del>	Applicable	
Zip	Country			Zip		Country 5.		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						Niere	7. N	ame and Address of New Regis	tered Agent			
SIWICKI, RHONDA JANE						Name						
5642 COTTONWOOD DR.				St			Street Address (P.O. Box Number is Not Acceptable)					
MILTON FL 32570-8367												
4						City			FL Zi	p Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE N-A												
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financi     Trust Fund Contribution.	· —		May Be to Fees	
10. OFFICERS AND DIRECTORS 11.							ADI	DITIONS/CHANGES TO OFFICER	RS AND DIREC	CTORS	IN 11	
TITLE	PVTD			□ Delete		TITLE			☐ Cr	nange	Addition	
NAME		DWARD ANDREW JR TONWOOD DR.			NAM						}	
STREET ADDRESS CITY-ST-ZIP		L 32570-8367				ET ADDRESS - ST-ZIP						
TITLE	S			☐ Delete	TITLE	<u> </u>			☐ Ch	nange	Addition	
NAME	SIWICKI, F				NAM	<b>I</b>						
STREET ADDRESS CITY-ST-ZIP		Tonwood Dr L 32570-8367				ET ADDRESS -ST-ZIP		•				
TITLE				□ Delete	TITLE				☐ Ch	nange	Addition	
NAME					NAM				. = *		}	
STREET ADDRESS CITY-ST-ZIP	~			سبب و برجب		et address						
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NAME					NAM							
STREET ADDRESS  CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
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NAME					NAM	I			_		_	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
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NAME				L Defete	NAMI					ungo	Addition	
STREET ADDRESS						ET ADDRESS					į	
CITY-ST-ZIP	<u>:</u>				CITY	-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

850-626-0062