

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90759 024 ***150.00

DOCUMENT # P99000070675

1. Entity Name
C.D. HINGSON PLUMBING, INC.

Principal Place of Business
PO BOX 372
DRS INLET, FL 32030

Mailing Address
PO BOX 372
DRS INLET, FL 32030



90117477



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
20-A Knight Box Rd.
Suite, Apt. #, etc.
#107

3. Mailing Address
20-A Knight Box Rd.
Suite, Apt. #, etc.
#107

City & State
Orange Park FL

City & State
Orange Park, FL

4. FEI Number
59-3090638

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip
32065 Country

Zip
32065 Country

6. Name and Address of Current Registered Agent
HINGSON, CHARLES D JR
2713 GREENWOOD LANE
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4021 White Bark Plantation Dr.
City
Middleburg FL Zip Code
32068

B. 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 _____ (NOTE: Registered Agent's 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINGSON, CHARLES D JR 2713 GREENWOOD LANE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4021 White Bark Plantation Dr. Middleburg FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINGSON, MARGUERITE E 2713 GREENWOOD LANE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4021 White Bark Plantation Dr. Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **Charles D Hingson Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-28-03** Daytime Phone #: **(904) 28-4010**

CFR2034 (10/02)