05/09/01 16:36 FAX 3216382449 ACTION ACCO

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90374 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077224

1. Entity Name

GORDON PLUMBING, INC.

Principal Place of Business | Mailing Address

00055893

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1255 S. FLORIDA AVE.	635 BREVARD AVE.
Suite, Apt. #, etc. SUITE F	Suite, Apt. #, etc.
City & State ROCKLEDGE, FL	City & State COCOA, FL
Zip 32955 Country USA	Zip 32922-7802 Country USA

4. FEI Number 59-3595773 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name WES GORDON
Street Address (P.O. Box Number is Not Acceptable) 1255 S. FLORIDA AVE.
SUITE F
City ROCKLEDGE FL Zip Code 32955

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.

* SIGNATURE [signature] 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD WES, GORDON 1829 S. LAURAL OAK DR. ROCKLEDGE, FL 32955 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

* SIGNATURE: [signature] 4/30/01 321-639-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #