2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 amg Secretary of State P99000079178 DOCUMENT # 1. Entity Name 05-07-2002 90268 013 ***150.00 DAVID MOORE PLUMBING, INC. Principal Place of Business Mailing Address 520 A N.E. 58TH STREET 520 A N.E. 58TH STREET FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business, 809 NE 4809 NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0954520 LAUD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, DAVID 520 A N.E. 58TH STREET FORT LAUDERDALE FL 33334 ₹. Zip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) Change __ _ Addition TITLE TITLE ☐ Delete MOORE DAVID MOORE, DAVID NAME NAME ADDRESS ONLY 4809 NE 11 AVE 520 A N.E. 58TH STREET STREET ADDRESS STREET ADDRESS T. LAUD- FL 33334 CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP **VP** TITLE ☐ Addition TITLE ☐ Delete **Change** MOORE, APRIL A. A-DDRESS ONLY MOORE, APRIL A NAME NAME 4809 NEIIE AUE STREET ADDRESS 520 A NE 58 ST STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP - LAUD .. FL 33334 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 el

SIGNATURE:

FILED