

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90101 039 ***150.00

00057983

DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~997000059555 SR~~
 1. Entity Name P99000099709

PEAK PLUMBING, INC. ✓
 Principal Place of Business 8213 NW 74 Avenue Mailing Address 8213 NW 74 Avenue
Jamarae, FL 33321 Tamarae, FL 33321

2. Principal Place of Business 8213 NW 74 Ave 3. Mailing Address 8213 NW 74 Ave
 Suite, Apt. #, etc. Jamarae FL Suite, Apt. #, etc. Jamarae FL
 City & State 33321 City & State 33321
 Zip 33321 Zip 33321
 Country USA Country USA

4. FEI Number 65-0998208 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOE RAM O
8213 NW 74 Ave
Jamarae, FL 33321

7. Name and Address of New Registered Agent
 Name JOE RAM O
 Street Address (P.O. Box Number is Not Acceptable) 8213 NW 74 Avenue
Jamarae
 City FL Zip Code 33321

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 Ram (NOTE: Registered Agent signature required when reinstating) DATE 5-11-00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	<u>JOE RAM O</u>	<input type="checkbox"/> Delete
NAME	<u>President</u>	
STREET ADDRESS	<u>8213 NW 74 Ave</u>	
CITY-ST-ZIP	<u>Jamarae, FL 33321</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: Ram Date 5-11-00 Daytime Phone # 954-721-6426

CR2E034 (9/99)