

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90093 046 ***150.00

0508415 AV 5158090

DOCUMENT # P99000101535

1. Entity Name
PRESTIGE PLUMBING, INC.



Principal Place of Business
**64 CENTRAL AVE. W
LAKE WALES FL 33853**

Mailing Address
**64 CENTRAL AVE. W
LAKE WALES FL 33853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3612301**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHILDRESS, DEBORAH A
229 ESCAMBIA DRIVE
WINTER HAVEN FL 33884**

Name

Street Address (P.O. Box Number is Not Acceptable)

1000 TOWER BLVD

City

LAKE WALES,

FL

Zip Code

33853

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

Signature, typed or printed name of registered agent and title 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**

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 ☐ Delete
NAME **D**
STREET ADDRESS **CHILDRESS, DEBORAH A**
CITY-ST-ZIP **2229 ESCAMBIA DRIVE
WINTER HAVEN FL 33884**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1000 TOWER BLVD**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHILDRESS, DENNIS L**
CITY-ST-ZIP **229 ESCAMBIA DRIVE
WINTER HAVEN FL 33884**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1000 TOWER BLVD**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GREGOIRE, DANIEL P**
CITY-ST-ZIP **8948 OAKWOOD DRIVE
LAKE WALES FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GREGOIRE, PAULA L**
CITY-ST-ZIP **8948 OAKWOOD DRIVE
LAKE WALES FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Deborah A Childress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 863-696-3737
Date Daytime Phone #

CR2E034 (10/02)