2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P99000107858 KING'S PLUMBING AND HOME REPAIR, INC. 03-08-2001 90026 031 ***150.00 Mailing Address Principal Place of Business 2806 ATLANTIC VIEW DR 2808 ATLANTIC VIEW DR FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 817120 2. Principal Place of Business 4*3*.6 DO NOT WRITE IN THIS SPACE Applied For APPLIED, FOR FL. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, KENNETH E Street Address (P.O. Box Number is Not Acceptable) 2808 ATLANTIC VIEW DR FERNANDINA BEACH FL 32034 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE KING, KENNETH E NAME NAME 2808 ATLANTIC VIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Addition ☐ Change ☐ Delete KING, VIRGINIA D NAME NAME 2808 ATLANTIC VIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOL

3-6-01

904)261-8129

Daytime Phone #