## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## S06408 DOCUMENT #

1. Entity Name

CAREY PLUMBING, INC.



## Apr 14, 2003 8:00 am § Secretary of State

04-14-2003 90366 022 \*\*\*150.00

Pincipal Place of Business  787 CENTER AVE  UNIT E  UN								•					
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Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Chy & State   Chy &		Place of Busine											
City & State  Country  Sp. Country  Name  Name  CAREY, BERNARD P  Streat Address of New Registered Agent  Name  Streat Address of New Registered Agent  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 fam har with, and accept her obligations of registered agent.  Signature  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed agent.  Signature  Spenus types or primed using a highered agent and final agents agent.  Signature  Spenus types or primed using a highered agent.  Signature  Spenus types or primed using a highered agent.  Signature  Spenus types or primed using a highered agent.  Spenus types or primed agent.	a. Timolpai / lace of Eddiness				-								
SP-3004512   Into Applicable SP-3004512   Int	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Cartificate of Status Desired   Fee Required   S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   Name   Nam	City & Stat	te	City	City & State				<b>4.</b> F	59-3034512				
CAREY, BERNARD P 848 CARSWELL AVE. HOLLY HILL FL. 32117  City FL Zip Code 6. 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 FILE NOW!! FEE IS \$150.00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D CAREY, BERNARD P SIREST ADDRESS OTH'S 1-2P HOWARD, CLIP EPPER SIREST ADDRESS OTH'S 1-2P HOLLY HILL FL D Delete TITLE HOME SIREST ADDRESS OTH'S 1-2P TITLE HOLLY HILL FL D Delete HOLLY HILL FL D DELETE HOLLY HILL FL D DELETE HOLLY HILL FL D	Zip Country			Zip		Coun	ountry 5		<b>5.</b> C	ertificate of Status Desired			
Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City FL Zip Code  6. 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 fam liar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Notes or offined none of registered agent are title if applicable.  (NOTE Pergenered Agent agreetor in agreetor in the district and accept agreetor in the obligations of registered agent.)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE  CARRY, BERNARD P  SIREST ADDRESS  OTF-S1-2P  HOWARD, CUIPEPPER  486 CARSWELL AVE  OTF-S1-2P  HOLLY HILL FL  CARRY, STREET ADDRESS  OTF-S1-2P  HOLLY HILL FL  CARRY, STREET ADDRESS  OTF-S1-2P  HOLLY HILL FL  CARRY, STREET ADDRESS  OTF-S1-2P  OTF-S1-2P  Change Addition  MAKE  SIREST ADDRESS  OTF-S1-2P  OTF-S1-2P  TITLE  CARRY, STREET ADDRESS  OTF-S1-2P  Addition  MAKE  SIREST ADDRESS  OTF-S1-2P  OTF-S1-2P  OTHER  ADDRESS  OTF-S1-2P  TITLE  ADDRESS  OTF-S1-2P  Addition  ADDRESS  OTF-S1-2P  Addition  ADDRESS  OTF-S1-2P  OTHER  ADDRESS  OTF-S1-2P  Addition  ADDRESS  OTF-S1-2P  ADDRES		6. Name a	and Address of Curre	nt Register	ed Agent			<u>-</u>	1				
City FL 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00	848 CARSWELL AVE.						,						
the obligations of registered agent?  SIGNATURE    FILE NOW!!! FEE IS \$150.00	HOLE: THE U.S. SETTI					City					FL	Zip Cod	e
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increase 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.

386-253-1768