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

## **DOCUMENT # \$12672**

1. Entity Name

TENDER PLUMBING CARE, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91048 004 \*\*\*150.00

Principal Place 868 E. 2ND PL LONGWOOD F	ACE	Mailing Address PO BOX 150097 ALTAMONTE SPRINGS FL 32715-0097								
2. Principal P	ace of Business	3. Mailing Address				T AMBERGEM THE TRAIN TEATH AND A FINE FRANCE TIME IN		TYBIL BIBIL	11811 <b>6</b> 1811 1981	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	9	City & State			<b>4.</b> F	59-3036746		-	opplied For lot Applicable	
Zip	Country	Zip	Count	У	5. (	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
SEXTON, I	BETTY	Street Addres			ess (P.O. B	s (P.O. Box Number is Not Acceptable)				
868 E. 2N		•								
LONGWOO	OD FL 32750 🎨					·				
	en e			City			FL	Zip Cod	de	
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 purpod-name@Registerica.gent and title if Optiopate. for (NOTE: Registered Agent signature required when reinstating)  OATE										
Fi After	_ <del>-</del>			Election Campaign Financing     Trust Fund Contribution,	g _		00 May Be ed to Fees			
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS				•	ΔD	L DITIONS/CHANGES TO OFFICERS	AND D	IBECTO	RS IN 11	
TITLE	PD PD	Delete	11. TITLE	1		DITIONS OF PARALES TO CATTOLING		Change	☐ Addition	
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19 Lhoroby	partify that the information supplied wit	h this filing does not qualify fo	r the ever	nntion etated	in Section	119 07/3)(i) Florida Statutes, i furthi	er certify	that the	information	

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:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-0

Daytime Phone #