2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S17531 **DOCUMENT #**

1. Entity Name SOUTHWEST SERVICE PLUMBING, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90147 002 ***150.00

VIII.E. I AUDILLOU					CO WE THE STATE OF						
BIGLEWOOD FL 34224 2. Principal Place of Blushriess Surfa, Apt V, etc. City & State City & State	Principal Pla	ce of Business	Mailing Addre	ss							
2. Principal Place of Business 2. Melling Address Suite: Apt. #, etc. Suite: Apt. #, etc. CHECK HFRE IF MAKING CHANGES City & State 4. FEI Number 65-0231180 Applicable For Not Applicable Fo		- - -			eth Augi	nue	6	00093	49		
Sulfe, Apt. # rec Suite, Apt. # obs Suite,	ENGLEWOOL	FL 34224	ENGLEWOOD	FL 34224							
Sulfe, Apt. # rec Suite, Apt. # obs Suite,											
Sulfe, Apt. # rec Suite, Apt. # obs Suite,	2 Principal	Place of Business	1.2 Mailing Add	roso			 				
City & State Ci	ai (mioipai	i lado di Basilicas	3. Maining Add	1655							
City A State City A State City A State City A State A. FEI Number 65-0231180 Applicable For A	Suite, Apt	. #, etc.	Suite, Apt. #	, etc.		-					
Zip Country Zip Country Zip Country S. Certificatio of Status Desired St. 7. Name and Address of Current Registered Agent 7. Name and Address of New Regis						l	☐ CHECK HERE	IF MAKING (CHANGES		
September Sept	City & Sta	te	City & State			4. FEI Numbe	F 0004400		T A	pplied For	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name							00-0231180		No	ot Applicable	
GIORDANO, JOSEPH 105 SABAL CT. ENGLEWOOD FL 34223 8. The above named entity submits this statement for shower of changing its registered Agent upware woulded after agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, and accept the obligators of rough real agent, or both, in the State of Florida. I am familiar with, an	Zip	Zip Country Zip		Country		5. Certificate	of Status Desired				
Name								— _F ,		ed	
GIORDANO, JOSEPH 105 SABAL CT. ENGLEWOOD FL 34223 City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for consecution of the obligation of mysteric agent. SIGNITION OF Promition of promitione in regarded agent, with an accept the obligation of mysteric agent. SIGNITION OF Promition of promitione in regarded agent, with an accept the obligation of mysteric agent. SIGNITION OF Promition of Promition of State of Promition of Promition of State of Promition of State of Promition of Promiti		6. Name and Address of Cui	rrent Hegistered Agent		Name	7. Name and	Address of New R	legistered Ac	jent 1	1	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	GIORDANO IOSEPH				1 Yearne						
ENGLEWOOD FL 34223 City FL Zip Code				Street Address			(P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for subsequence of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the present of registered agent, or both, in the State of Florida. I am familiar with, and accept the present of registered agent, or both in the State of Florida. I am familiar with, and accept the present of registered agent, or both in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of							·				
8. The above named entity submits this statement for shoes of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registract agent. SIGNUM: Signum to the protect name of registract agent. (NOTE: Registered Agent signustre required when remaining) DATE After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	ENGLEVA	UUU FL 34223									
8. The abovier named entity submits this statement for the obligation of many properties agent, and the name of requested agent, and the name of many properties agent, and the name of many proper					City		T-10-1	El	Zip Cod	le	
SIGNATION STATES AND CONTROLLER STITUS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT IT IN IT IS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT IS ADDITIONS/CHANGES TO OFFICERS AND DIR	8 The above	a named entity submits this statemy	ant for the Aumana of all	anging its registe	rad office as a siste		:- d- 0		<u> </u>		
NOTE Registered Apent agents when remainted whe	the obliga	tions of registered agent.	and for a standard of cr	anging its registe	red office or registe	red agent, or both), in the State of Fig	orida. I am far	niliar with,	and accept	
NOTE Registered Apent agents when remainted whe	_3.	10 mg 1 mg		ń.							
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 TITLE MAME STREET ADDRESS CITY-ST-2P TITLE NAME	SIGNATU	9 Sature, typed or printed name of registered	argent and title to a sticable	(NOTE: Bagister	ad Agant eignature require	d when reinstation)		DATE			
Make Check Payable to Florida Department of State 10.		/		(NOTE: Negister	an Agent aighature requirer	d when reinstating)		DATE			
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OGIORDANO, JOSEPH 51 PAR VIEW TERR ROTONDA WEST FL 33947 CITY-SI-ZIP NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP ADDRESS CITY-SI-ZIP TITLE NAME NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME STR						9. Elec	tion Campaign Fin	ancino	\$5.0	May Ba	
TOL. OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE D GIORDANO, JOSEPH STREY ADDRESS CITY-ST-ZIP TITLE S GIORDANO, ROSELYN STREY ADDRESS CITY-ST-ZIP TITLE NAME STREY ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD						• PRITIONS IS	,				
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP					T	ADDITIONS/C	CHANGES TO OFF				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					1			L	Change	Addition	
CITY-ST-ZIP ROTONDA WEST FL 33947 TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STRET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				• • •						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	S		TITI	F			г	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	GIORDANO, ROSELYN			l l			i.	change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STR	EET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	ROTONDA WEST FL 33947		cim	/-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			Delete TITL	E		***	٠٠	□-Change	☐ Addition	
CITY-ST-ZIP	NAME			. NAN	AE			_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STR	EET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	(-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				lelete TITL	E] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP				1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL TOT		· · · · · · · · · · · · · · · · · · ·			'-S1-ZIP		-11				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP] Change	Addition	
CITY-ST-ZIP				1				•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Change Addition NAME STRET ADDRESS CITY-ST-ZIP	·									4.	
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP						·			7.0	Marie Company	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		_	⊔ 0						_l Change	Addition	
CITY-ST-ZIP CITY-SI-ZIP	STREET ADDRESS	-									
	CITY-ST-ZIP										
indicated on this report or supplemental report for su	12. Thereby o	ertify that the information supplied	with this filing does not			ction 119 07/3\/i\	Florida Statutee I	further certific	that the in	formation	

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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. of the corporation or the receiver or trastee emporence of the corporation or the receiver or trastee emporence of the corporation or an anadomient with an additional ways, with an additional corporation or the receiver or trastee emporence changed, or on an attachr

SIGNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR