

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90999 017 ***150.00

0002364 AV

DOCUMENT # S27570

1. Entity Name

PLUMBING BY JOSH, INC.



Principal Place of Business

2602 ROGERO RD
JACKSONVILLE FL 32211
US

Mailing Address

5578 COMMANCHE RD
CALLAHAN FL 32011
US

2. Principal Place of Business

44170 COMMANCHE RD.

Suite, Apt. #, etc.

CALLAHAN FL 32011

City & State

3. Mailing Address

Suite, Apt. #, etc.

44170 COMMANCHE RD.

City & State

CALLAHAN FL

Zip

32011

Country

USA

Zip

32011

Country

4. FEI Number

59-3043942

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

PORTER, THOMAS R.
5578 COMMANCHEE RD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name

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

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

Thomas R. Porter
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

AD 4-28-2003

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

TITLE P ☐ Delete
NAME PORTER, THOMAS R.
STREET ADDRESS 5578 COMMANCHE ROAD
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ☐ Delete
NAME *JOHN P. PORTER*
STREET ADDRESS *7131 Pellias Road*
CITY-ST-ZIP *JACKSONVILLE FL 32211*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME *PORTER JOHN P.*
STREET ADDRESS *7131 Pellias Road*
CITY-ST-ZIP *JACKSONVILLE FL 32211*

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

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

TITLE ☐ Change ☐ Addition
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:

Thomas R. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2003

Date

904 745-3330

Daytime Phone #

CR2E034 (10/02)