— AMENDED —

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04597

1. Entity Name

J & A Plumbing Inc.

FILED

03 AUG 27 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1990 49th St SW	1990 49th St SW	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Naples FL	City & State: Naples FL	4. FEI Number: 65-0302488 ☐ Applied For ☐ Not Applicable
Zip: 34116 Country: Collier	Zip: 34116 Country: Collier	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rolando E. Perez

Street Address (P.O. Box Number is Not Acceptable): 1990 49th St SW

City: Naples FL Zip Code: 34116

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: X _____ X 8/6/03

Signature required when reinstating) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	VP/D	TITLE	
NAME	Diaz, Edelmiro G:I	NAME	
STREET ADDRESS	2640 12th Av NE	STREET ADDRESS	300022587933
CITY-ST-ZIP	Naples, FL 34116	CITY-ST-ZIP	08/27/03--01005--008 **61.25
TITLE	P/T/S/D	TITLE	
NAME	Perez, Rolando E.	NAME	
STREET ADDRESS	1990 49th St SW	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34116	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ X 8/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/21/20