2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39852

FILED May 02, 2003 8:00 am Secretary of State

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PRECISION PLUMBING SYSTEMS, INC.			03-02-2003 90232 0	11 ****130.00	
2618 SW 14T	re of Business H DR EACH FL 33441	Mailing Address P O BOX 4834 DEERFIELD BCH FL 33443 US	2		
2. Principal Place of Business 3. Mailing Address				81511 81611 81611 81611 81611 1861	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State		4. FEI Number 65:0336686	Applied For Not Applicable
Zip	Country	Zip	Country	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	J Agent
			Name	•	
POWERS, WALTER R. III 2618 SW 14TH DR		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
DEERFIEL	D BEACH FL 33441				
			City	F	Zip Code
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. Fan	n familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00				
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	f State		 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
TITLE.	PVTS	□ Delete	TITLE	ADDITIONO/OF ANALES TO OF TIGETION	☐ Change ☐ Addition
NAME	POWERS, WALTER R. III	L DOIGIE	NAME		☐ energe ☐ //carrer
STREET ADDRESS	2618 SW 14TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME CIRCLE ADDRESS		
STREET ADDRESS CITY-ST-ZIP	eray up a reput		STREET ADDRESS CITY-ST-ZIP		-
TITLE		☐ Delete	TITLE	,	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		•	NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	certify that the information supplied with	this filing does not qualify for	- 	Section 119.07(3)(i), Florida Statutes. I further ci	ertify that the information
indicated of the cor	on this report or supplemental report is	s true and accurate and that movered to execute this report a	iv signature shall have the	same legal effect as if made under oath; that 17, Florida Statutes; and that my name appears	I am an officer or director

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR