

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90164 017 ***150.00

DOCUMENT # V67208



1. Entity Name
AQUA PLUMBING OF DADE, INC.

Principal Place of Business
**9480 SW 188 STREET
MIAMI FL 33157-902
US**

Mailing Address
**12206 SW 132 CT
MIAMI FL 33186-6411
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
20120 Eagle Nest Road
Suite, Apt. #, etc.

3. Mailing Address
20120 Eagle Nest Road
Suite, Apt. #, etc.

City & State
Miami, Florida
Zip
33189
Country
USA

City & State
Miami, Florida
Zip
33189
Country
USA

4. FEI Number
65-0359523

Applied For
☐ Not Applicable

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

**HILL, RICHARD W
9480 SW 188 STREET
MIAMI FL 33157-902**

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 **[Signature]** **RICHARD HILL Pres.** **4/3/03**
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HILL, RICHARD W**
STREET ADDRESS **9480 SW 188 STREET**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **[Signature]** **RICHARD HILL Pres.** **4/3/03** **305-238-3816**
(NOTE: Signature and typed or printed name of signing officer or director)

CR2E034 (10/02)