

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90014 034 ***150.00

L0002367



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000006050

1. Entity Name
GREG LIEBERMAN PLUMBING, INC.

Principal Place of Business 3111 FORTUNE WAY STE. 87 WEST PALM BEACH FL 33414 US	Mailing Address 3111 FORTUNE WAY STE. 87 WEST PALM BEACH FL 33414 US
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2. Principal Place of Business 3111 Fortune Way Suite, Apt. #, etc. #B7	3. Mailing Address 3111 Fortune Way Suite, Apt. #, etc. #B7
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City & State Wellington, FL	City & State Wellington, FL	4. FEI Number 65-0653265	Applied For <input type="checkbox"/> Not Applicable
Zip 33414	Country US	Zip 33414	Country US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, GREG
3111 FORTUNE WAY
STE. 87
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name
Lieberman, Greg

Street Address (P.O. Box Number is Not Acceptable)
3111 Fortune Way

#B7

City Wellington FL Zip Code 33414

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERMAN, GREG 3111 FORTUNE WAY WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

Please add suite B7 - to Greg Lieberman's address. Thank you!

13. 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: _____ Date: 1-3-01 Daytime Phone #: 1-561-333-6603

CR2E034 (10/00)

