

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


02-13-2003 90223 012 61.25  
FILED P96000006050

*AMENDED*

03 FEB 28 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000006050**  
1. Entity Name  
**Greg Lieberman Plumbing, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3111 Fortune Way</b> Suite, Apt. #, etc. <b>B-7</b>		3. Mailing Address <b>3111 Fortune Way</b> Suite, Apt. #, etc. <b>B-7</b>	
City & State <b>Wellington, FL</b>		City & State <b>Wellington, FL</b>	
Zip <b>33414</b>	Country <b>USA</b>	Zip <b>33414</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

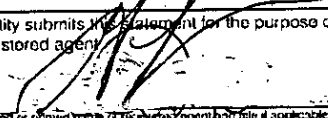
4. FEI Number <b>65-0653265</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **Greg Lieberman**  
Street Address (P.O. Box Number is Not Acceptable):  
**3111 Fortune Way #B7**  
**#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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **2-26-03**

January 1 - May 1 Fee is <b>\$450.00</b> After May 1, Fee is <b>\$550.00</b> Amended UBR is <b>\$61.25</b> Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lieberman, Greg 3111 Fortune Way #B7 Wellington, FL 33414</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Marriage, Dana 3111 Fortune Way #B7 Wellington, FL 33414</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 empowers.

SIGNATURE:  DATE: **2-7-03** Daytime Phone #: **351-333-6603**

CR2E034B (12/02)