

03 Amended
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)


FILED

03 JUN 13 PM 2:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PA600006050

1. Entity Name
Greg Lieberman Plumbing, Inc.



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of Current Registered Agent

Name Greg Lieberman

Street Address (P.O. Box Number is Not Acceptable)
3111 Fortune way
B7

City Wellington FL Zip Code 33414

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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 Greg Lieberman President DATE 6-9-03

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D, P</u> <u>Lieberman, Greg</u> <u>3111 Fortune way # B7</u> <u>Wellington, FL 33414</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>200020972832</u> <u>06/18/03--01043--017</u> **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>Lieberman, Dana</u> <u>3111 Fortune way # B7</u> <u>Wellington, FL 33414</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Lieberman, Justin</u> <u>3111 Fortune way # B7</u> <u>Wellington, FL 33414</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Greg Lieberman DATE 6-9-03 (561) 333-6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)