## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H46936** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name K.L.M. PLUMBING, INCORPORATED 04-24-2000 90202 006 \*\*\*158.75 Principal Place of Business Mailing Address % KENNETH LEE MARSH % KENNETH LEE MARSH 4855 W AMELIA 4855 W AMELIA ORLANDO FL 32808-7726 ORLANDO FL 32808 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3184387 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth L. Street Address (P.O. Box Number is Not Acceptable) MARSH, KENNETH L'SR. 2985 TENNESSEE TERR. ECEASED ORLANDO FL 32806 *283*3 DRLANDO ne purpose of changing its registered office or registered agent, or both, in the State of Florida submits nis statei 8. The above named e (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) PD ☐ Addition PD Delete Change TITLE TITLE MARSH, KENNETH L. JR MARSH, KENNETH L SR. NAME NAME 2833 HOFFNER AVE STREET ADDRESS 2985 TENNESSEE TERR. STREET ADDRESS ORLANDO FL. 3284 12 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 Addition ٧S TITLE Change ☐ Defete GUELDA MARSH TITLE MARSH, KENNETH L JR. NAME NAME 2926 TENNESSEE TERR. STREET ADDRESS 2819 AHERN DR. STREET ADDRESS DRLANDO, FL. 32806 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 regaiver or taustee disposed 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 all address, with all other like empowered.

SIGNATURE:

- CKIL MARSKI

PRESIDENT

4-19-00

407-299-3151

Date

Daytime Phone #