

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90027 039 \*\*\*150.00

DOCUMENT # P00000082141

1. Entity Name

KLEBER PLUMBING SERVICES, INC.



Principal Place of Business

2603 OVERLAKE AVE  
ORLANDO FL 32806

Mailing Address

2603 OVERLAKE AVE  
ORLANDO FL 32806

2. Principal Place of Business

25 Drennen Rd

3. Mailing Address

25 Drennen Rd

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3671708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEBER, APRIL  
2603 OVERLAKE AVE  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

April Kleber

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

Same

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

**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

TITLE D  
NAME KLEBER, MATT  
STREET ADDRESS 2603 OVERLAKE AVE  
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE D  
NAME KLEBER, APRIL  
STREET ADDRESS 2603 OVERLAKE AVE  
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

407.854-9292

Daytime Phone #

CR2E034 (10/02)