

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90084 018 \*\*\*150.00

**DOCUMENT # P99000056838**  
 1. Entity Name  
**JOHN KLEPCZYK CARPENTRY, INC.**

Principal Place of Business      Mailing Address  
**2618 STEWART ST.**      **2618 STEWART ST.**  
**KISSIMMEE FL 34746**      **KISSIMMEE FL 34746**

2. Principal Place of Business      3. Mailing Address  
**2618 NORTH STEWART ST.**      **2618 NORTH STEWART ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**KISSIMMEE, FL.**      **KISSIMMEE, FL**      **59-3584841**      Not Applicable

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

**34746**      **OSCEOLA**      **34746**      **OSCEOLA**

**6. Name and Address of Current Registered Agent**  
**KLEPCZYK, JOHN**  
**2618 STEWART ST.**  
**KISSIMMEE FL 34746**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLEPCZYK, JOHN</b>	
STREET ADDRESS	<b>2618 STEWART ST.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 receiver or trustee 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 like empowered.**

SIGNATURE: John Klepczyk      **JOHN KLEPCZYK**      1/30/00      407-847-5422  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)