

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

047707

**DOCUMENT # P99000111113**

03-23-2001 90007 006 \*\*\*150.00

1. Entity Name  
**KLEPFER KONSULTING, INC.**

Principal Place of Business <b>THE GREAT OUTDOORS          618 E PLANTATION DR          TITUSVILLE FL 32780</b>	Mailing Address <b>THE GREAT OUTDOORS          618 E PLANTATION DR          TITUSVILLE FL 32780</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2435 St. Paul's Dr.</b>	3. Mailing Address <b>2435 St. Paul's Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Titusville, FL.</b>	City & State <b>Titusville, FL.</b>	4. FEI Number <b>06-1566906</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32780</b>	Country <b>Brevard</b>	Zip <b>32780</b>	Country <b>Brevard</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KLEPFER, PATRICIA A          THE GREAT OUTDOORS          618 E PLANTATION DR          TITUSVILLE FL 32780</b>	7. Name and Address of New Registered Agent Name: <b>Patricia A. Klepper</b> Street Address (P.O. Box Number is Not Acceptable) <b>2435 St. Paul's Dr.</b> City: <b>Titusville</b> FL Zip Code: <b>32780</b>
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Patricia A. Klepper 2435 St. Paul's Dr. Titusville FL 32780</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Amie C. Meneghetti 2435 St. Paul's Dr. Titusville FL 32780</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer Kathleen J. Klepper 618 Plantation Dr. Titusville FL 32780</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patricia A. Klepper **Patricia A. Klepper** 3/18/01 800-570-0088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)