

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90092 001 ***150.00
 02-06-2001 90092 002 *****8.75

DOCUMENT # F00000000467

1. Entity Name

LIBERTY DIRECT SERVICES CORPORATION

Principal Place of Business

**MARTIN DOWNS BUSINESS PARK
 3595 S.W. CORPORATE PARKWAY
 PALM CITY FL 34990**

Mailing Address

**MARTIN DOWNS BUSINESS PARK
 3595 S.W. CORPORATE PARKWAY
 PALM CITY FL 34990**

24999

2. Principal Place of Business

10045 US Hwy 1

3. Mailing Address

10045 US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

06-1553692

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, ROBERT N
 C/O DEAN, MEAD, MINTON & KLEIN
 1903 SOUTH 25TH STREET, SUITE 200
 FT. PIERCE FL 34947**

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

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

(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, 2001 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 **PT** ☐ Delete
 NAME **WALTERS, ERIC G**
 STREET ADDRESS **11 STATE STREET**
 CITY-ST-ZIP **WOBURN MA 01801**

TITLE **S** ☐ Delete
 NAME **TROWBRIDGE, KEITH**
 STREET ADDRESS **3595 S.W. CORPORATE PARKWAY**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
 NAME **LEE, STEVEN J**
 STREET ADDRESS **11 STATE STREET**
 CITY-ST-ZIP **WOBURN MA 01801**

TITLE **D** ☐ Delete
 NAME **SICILIANO, ARTHUR**
 STREET ADDRESS **11 STATE STREET**
 CITY-ST-ZIP **WOBURN MA 01801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
 NAME **Eric G. Walters**
 STREET ADDRESS **165 Cambridge Tpke.**
 CITY-ST-ZIP **Concord, MA 01742**

TITLE **S** ☒ Change ☐ Addition
 NAME **Keith Trowbridge**
 STREET ADDRESS **6900 SE S. Marina Way**
 CITY-ST-ZIP **Stuart, FL 34996**

TITLE **D** ☒ Change ☐ Addition
 NAME **Steven J. Lee**
 STREET ADDRESS **112 Farm Rd.**
 CITY-ST-ZIP **Sherborne, MA 01770**

TITLE **D** ☒ Change ☐ Addition
 NAME **Arthur Siciliano**
 STREET ADDRESS **13 Salt Marsh Ln.**
 CITY-ST-ZIP **Gloucester, MA 01930**

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

TITLE ☐ Change ☐ 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren K. Trowbridge

1/30/01

Date

561-221-1683

Daytime Phone #

CR2E034 (10/00)