## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

P02000054265 **DOCUMENT #** 

1. Entity Name



May 08, 2003 8:00 am Secretary of State 04-21-2003 91207 023 \*\*\*150.00

**FILED** 

RICHARD LIBERT PAINTING, INC. Principal Place of Business Mailing Address 55038881 3024 GREENWOOD AVENUE 3024 GREENWOOD AVENUE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, HAYDEE Street Address (P.O. Box Number is Not Acceptable) 2277 SUMMIT BOULEVARD WEST PALM BEACH FL 33406 City 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 (NOTE: Registered Agent aignature required when reinstating) FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS .10. : : ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CR2E034 (10/02) Defete TITLE Addition NAME . LIBERT, RICHARD NAME 3024 GREENWOOD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE-☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Chance □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied each transport is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE