

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90104 024 ***150.00

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DOCUMENT # P93000039329

1. Entity Name
LIBERTY LIGHT, INC.

| | |
|--|--|
| Principal Place of Business 4100 N. POWERLINE RD. SUITE H-5 POMPANO FL 33073 US | Mailing Address 4100 NORTH POWERLINE RD H-5 POMPANO FL 33073 US |
|--|--|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0472600**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSOWSKY, JAKE
 4100 N POWERLINE RD
 STE H-5
 POMPANO BEACH FL 33073**

Name *leave as is - NO CHANGE*

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 _____ DATE **4/27/01**
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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|--|------------|-------------------------|---|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Delete | D | FABIAN, RONALD M | 872 E OAKLAND PARK BLVD OAKLAND PARK FL 33334 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Delete | (S) | GERSOWSKY, JAKE | 4100 N POWERLINE RD STE H-5 POMPANO BEACH FL 33073 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Delete | (D) | CIVIN, STANLEY | 10382 BUENA VENTURA DR BOCA RATON FL 33498 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Delete | D | HUDE, DEREK | 9091 NW 13 ST PLANTATION FL 33322 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 or title has not been changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ DATE **4/27/01** Daytime Phone # **954-984-9136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)