

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94094**

1. Entity Name

LIBERTY STEEL ERECTORS, INC.**FILED****Feb 10, 2000 8:00 am**
Secretary of State

02-10-2000 90059 042 ***158.75

Principal Place of Business

Mailing Address

921 SHADOW DR.
SUITE 4
LAKELAND FL 33809
US921 SHADOW DR.
SUITE 4
LAKELAND FL 33809-3155
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 **59-2214171**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**ANDREW, CECELIA M.
3435 BARLEY COURT
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

6. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PS** ☐ Delete
NAME **ANDREW, CECELIA M**
STREET ADDRESS **3435 BARLEY CT.**
CITY-ST-ZIP **LAKELAND FL 33803**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SVT** ☐ Delete
NAME **HARRIS, TIMOTHY L**
STREET ADDRESS **838 ARIETTA CIRCLE E**
CITY-ST-ZIP **AUBURNDALE FL 33823**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4874 Lake Julianna Reserve Drive**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE: Cecelia M. Andrew Cecelia Andrew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/00

Date

858-8918

Daytime Phone #

CR2E034 (9/99)