

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90004 044 \*\*\*150.00

**DOCUMENT # F98000001790**

1. Entity Name

**LIBERTY INVESTMENT SERVICES, INC.**

Principal Place of Business

**2251 ROMBACH AVE  
WILMINGTON OH 45177**

Mailing Address

**2251 ROMBACH AVE  
WILMINGTON OH 45177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-0909334**

Applied For  
Not Applicable

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

**KLUDING, MATTHEW  
544 S. WASHINGTON BLVD  
SARASOTA FL 34236**

Name **Trey Tolbert-Thompson**

Street Address (P.O. Box Number is Not Acceptable)  
**3901 Cortez Road W**

City **Bradenton**

**FL**

Zip Code **34210**

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

**Trey Tolbert-Thompson**

**2-9-2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **POWELL, JAMES R**  
STREET ADDRESS **2251 ROMBACH AVE**  
CITY-ST-ZIP **WILMINGTON OH 45177**

TITLE **D** ☐ Change ☒ Addition  
NAME **Angie Greenfield**  
STREET ADDRESS **79 Lighthouse Rd**  
CITY-ST-ZIP **Hilton Head Island, SC 29928**

TITLE **VSD** ☐ Delete  
NAME **POWELL, JOHN H**  
STREET ADDRESS **2251 ROMBACH AVE**  
CITY-ST-ZIP **WILMINGTON OH 45177**

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

TITLE **VD** ☒ Delete  
NAME **KRAMER, WILLIAM F**  
STREET ADDRESS **2251 ROMBACH AVE**  
CITY-ST-ZIP **WILMINGTON OH 45177**

TITLE **D** ☐ Change ☒ Addition  
NAME **Matthew Kluding**  
STREET ADDRESS **544 S Washington Blvd**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **VD** ☒ Delete  
NAME **KRANJC, SUZAN D**  
STREET ADDRESS **2251 ROMBACH AVE**  
CITY-ST-ZIP **WILMINGTON OH 45177**

TITLE **P** ☐ Change ☒ Addition  
NAME **Jay Doster**  
STREET ADDRESS **215 N Main St**  
CITY-ST-ZIP **Centerville, OH 45459**

TITLE **D** ☐ Delete  
NAME **REED, ROBERT E**  
STREET ADDRESS **5335 FAR HILLS AVE**  
CITY-ST-ZIP **DAYTON OH 45429**

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

TITLE **PD** ☐ Delete  
NAME **HUGGINS, KIRK E**  
STREET ADDRESS **475 17TH ST**  
CITY-ST-ZIP **DENVER CO 80202-4012**

TITLE **CD** ☒ Change ☐ Addition  
NAME **Huggins, Kirk E**  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John H Powell 2-16-01 937-382-1000**

Date

Daytime Phone #

CR2E034 (10/00)