

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90040 044 ***150.50

NR0415R AT

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

**TOLBERT-THOMPSON, TREY
 3901 CORTEZ ROAD W
 BRADENTON FL 34210**

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, 2002 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 **D** ☐ Delete
 NAME **GREENFIELD, ANGIE**
 STREET ADDRESS **79 LIGHTHOUSE ROAD**
 CITY-ST-ZIP **HILTON HEAD ISLAND SC 29928**

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **POWELL, JAMES R**
 STREET ADDRESS **2251 ROMBACH AVE**
 CITY-ST-ZIP **WILMINGTON, OH 45177**

TITLE **D** ☐ Delete
 NAME **KLUDING, MATTHEW**
 STREET ADDRESS **544 S WASHINGTON BLVD**
 CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **P** ☐ Delete
 NAME **DOSTER, JAY**
 STREET ADDRESS **215 N MAIN STREET**
 CITY-ST-ZIP **CENTERVILLE OH 45459**

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

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

TITLE **CD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
 NAME **KUNTZ, GARY**
 STREET ADDRESS **647 FIFE AVE**
 CITY-ST-ZIP **WILMINGTON, OH 45177**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES R. POWELL

Director

4/26/02
 Date

937-382-1000
 Daytime Phone #

CR2E034 (9/01)