

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000256

1. Entity Name

LIBERTY STABLES INC.

Principal Place of Business

2250 W. MAPLE
WALLED LAKE MI 48390

Mailing Address

2250 W. MAPLE
WALLED LAKE MI 48390

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLIVKA, SANDRA

~~3730 SHORE BLVD.~~

~~OLDSMAR FL 34677~~

1001 NE 2nd St.

Apt. 4

Hallendale, Fla 33009

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, 2000 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 ☐ Delete
NAME **CPTD KRONEMAN**
STREET ADDRESS **KORENMAN, OLAF C**
CITY-ST-ZIP **6111 NORTHSORE DR.**
WEST BLOOMFIELD MI 48324

TITLE ☒ Delete
NAME **DVS**
STREET ADDRESS **KRONEMAN, JOHN L**
CITY-ST-ZIP **2124 WHITE OWL WAY**
OKEMOS MI 48864

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ 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:

Olaf Kroneman
SIGNATURE/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President + Director

2/1/2000 (248) 624-1571

Date

Daytime Phone #

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90005 006 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-2828005** ☐ Applied For
☐ Not Applicable

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

CR2E034 (9/99)