

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90004 037 ***550.00

DOCUMENT # **F99 000 000 256**

1. Entity Name

Liberty Stables, Inc.

Principal Place of Business

Michigan

Mailing Address

**2124 White Owl Way
 Okemos, Mi. 48864**

2. Principal Place of Business

Michigan

3. Mailing Address

see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2828-005

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

80059833

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **OLAF KRONEMAN**

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

1180 Reef Road Apt. C-11

City **VERO BEACH**

FL

Zip Code

32963

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 **OLAF KRONEMAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

7/1/2001

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

TITLE **President, Treasurer & Secretary** ☐ Delete
 NAME **OLAF KRONEMAN**
 STREET ADDRESS **6111 N. Shore Drive**
 CITY-ST-ZIP **W. Bloomfield, Mi. 48324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

7/2/2001

248-363-5421

CR2E034 (11/00)