

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90178 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80116728

DOCUMENT # H09100 1. Entity Name LIBCO OF FLORIDA, INC.					
Principal Place of Business P. O. BOX 789 GREENVILLE, SC 29602			Mailing Address P. O. BOX 789 GREENVILLE, SC 29602		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 57-0783469	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COMMANDER, CHARLES E. 200 LAURA ST JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reissuing)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	DP	HIPP, HAYNE	2000 WADE HAMPTON BLVD. GREENVILLE, SC 29615		
	S	WILLIAMS, MARTHA G	2000 WADE HAMPTON BLVD GREENVILLE, SC 29615		
	TC	WESSON, MARK D	2000 WADE HAMPTON BLVD GREENVILLE, SC 29615		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with, at other like empowered.					
SIGNATURE: <i>Martina G. Williams</i>				Date: <i>5-1-03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>864-241-5443</i>	

CH2E034 (10/02)