

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90121 030 ***150.00

063149 AV

DOCUMENT # J09220

1. Entity Name
LIBERTY AUTOMOTIVE, INC.



Principal Place of Business
~~650 GOODLETTE RD. NO.~~
NAPLES FL 33940

Mailing Address
~~650 GOODLETTE RD. NO.~~
NAPLES FL 33940

2. Principal Place of Business
2360 LINWOOD AVE
Suite, Apt. #, etc.

3. Mailing Address
2360 LINWOOD AVE
Suite, Apt. #, etc.

City & State
NAPLES FL
Zip 34112 Country COLLIER

City & State
NAPLES FL
Zip 34112 Country COLLIER

4. FEI Number 59-2700394

Applied For
Not Applicable

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



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LUTSI, ANTHONY B.
~~650 GOODLETTE RD. NO.~~
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name LUTSI, ANTHONY B.
Street Address (P.O. Box Number is Not Acceptable)
2360 LINWOOD AVE
City NAPLES FL Zip 34112

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.

SIGNATURE *Anthony B. Lutsi*

04/12/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	LUTSI, ANTHONY B.	
STREET ADDRESS	650 GOODLETTE RD. NO.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LUTSI, DONNA J.	
STREET ADDRESS	650 GOODLETTE RD. NO.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2360 LINWOOD AVE	
STREET ADDRESS	NAPLES FL 34112	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2360 LINWOOD AVE	
STREET ADDRESS	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *Anthony B. Lutsi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/03 239-649-1115
Date Daytime Phone #

CR2E034 (10/02)