

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90208 012 ***150.00

DOCUMENT # J86055



1. Entity Name
THE LIBERTE MANAGEMENT GROUP OF THE PINELLAS ISLANDS, INC.

Principal Place of Business
10645 1ST ST E
TREASURE ISLAND FL 33706
US

Mailing Address
10645 1ST ST E
TREASURE ISLAND FL 33706
US

2. Principal Place of Business
10681 Gulf Blvd
Suite, Apt. #, etc.
207

3. Mailing Address
10681 Gulf Blvd
Suite, Apt. #, etc.
207

City & State
Treasure Island, FL
Zip
FL 33706
Country
USA

City & State
Treasure Island, FL
Zip
33706
Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2835660**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DITINNO, DENNIS F
10645 1ST ST. EAST
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

01/07/03

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ **Delete**
NAME **DITINNO, DENNIS F**
STREET ADDRESS **14995 CROMWELL DR.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ **Delete**
NAME **DITINNO, CAROL**
STREET ADDRESS **14995 CROMWELL DR**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **T** ☐ **Delete**
NAME **KIMBERLEY, BINGE**
STREET ADDRESS **2347 TAHITIAN DR**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ **Change** ☐ **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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03

727-360-2000

Date

Daytime Phone #

CR2E034 (10/02)