FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mad

FILED May 14, 2002 8:00 am Secretary of State

DOCU 1. Entity Nar	oland heber, R		05-14-2002 90292 048 ***150.00					
	DO NOT WRITE							
2. Principal Place of Business Bradly Place Suite, Apt. #, etc.		3. Mailing Address PD Box 2035						
399 City & State	12th Auc S.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Na	ples FL	City & State Naples	FL		1. FEI Number 65 · 000	7595	Applied For Not Applicab	
34	102 Country USA	^{zip} 34106	Country US	A !	5. Certificate of Status Desired	□ \$8	8.75 Additional e Required	
	Name	7. Name and Address of Current Registered Agent Name Leiber, J. Poland Street Address (P.O. Box Nymber is Not Acceptable) Bradicy Pace 399 12th Avenue S.						
8. The above r	City	Naple	S agent, or both, in the State of Flo	FL	Zip Code 34102			
SIGNATURE	Signature, typed or printed name of registered agent ar attorn is eligible to satisfy its Intanoible	id title if applicable (NOTE	Registered Agent lagna ay 1 Fee is \$15 1, Fee is \$550.00	ture required when	renstating)	DATE		_
(See criteria on back) Make Check			UBR is \$61.25 to Departmen		10. Election Campaign Fina Trust Fund Contribution	ancing n. \square	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PYCSIDENT PYCSIDENT J. Roland Lieber 399 12+12 Ave S. Napics FL 3410		TITLE NAME STREET ADDRESS CITY-ST-ZIP					CR2E034B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Richard E. Liebe 399 12th AVC S. Naples, FL 3410		TITLE : NAME : STREET ADDRESS CITY-ST-ZIP					CRZE03
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		-DO NOT \	VRITE		= =
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TLE AME IREET ADDRESS IY-SI-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	
 I hereby certi- indicated on lof the corporal attachment w 	ty that the information supplied with this this report or supplemental report is tru ation or the receiver or trustee empowe ith an addless, with all other like empore	s filing does not qualify for the e and accurate and that my a gred to execute this report a wered.	e exemption state signature shall hav s required by Cha	d in Section 1 re the same le pter 607, Flor	19.07(3)(i), Florida Statutes. I fu egal effect as if made under oat ida Statutes; and that my name	rther certify than h; that I am an appears in Bir	at the information officer or director ock 11 or on an	

SIGNATURE:

J. Roland Lieber

4.25.02

239.261.4007

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Daytime Phone #