

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # K18356**

1. Entity Name  
**LIBBY DEVELOPMENT CORPORATION**

Principal Place of Business P.O. BOX 1266  PALM HARBOR FL 346821266	Mailing Address P.O. BOX 1266  PALM HARBOR FL 346821266
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2. Principal Place of Business 4254 PRESERVE PL	3. Mailing Address 4254 PRESERVE PL
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PALM HARBOR FL	City & State PALM HARBOR FL
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Zip 346854032	Country US	Zip 346854032	Country
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4. FEI Number <b>59-2883718</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

WELCH, SCOTT D.  
 500 TRINITY LN - #11205  
  
 SAINT PETERSBURG FL  
 337161263 US

**7. Name and Address of New Registered Agent**

Name  
 WELCH SCOTT D  
 Street Address (P.O. Box Number is Not Acceptable)  
 4254 PRESERVE PL  
  
 City  
 PALM HARBOR FL Zip Code  
 346854032

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 SCOTT D WELCH 01/06/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	DST	<input type="checkbox"/> Delete	
NAME	WELCH LINDA		
STREET ADDRESS	500 TRINITY LN - APT. 11205		
CITY-ST-ZIP	SAINTE PETERSBURG FL 337161263		
TITLE	DP	<input type="checkbox"/> Delete	
NAME	WELCH, SCOTT D.		
STREET ADDRESS	500 TRINITY LN - APT. 11205		
CITY-ST-ZIP	SAINTE PETERSBURG FL 337161263		
TITLE	DV	<input type="checkbox"/> Delete	
NAME	WELCH, HOWARD H.		
STREET ADDRESS	58 THATCH PALM ST W.		
CITY-ST-ZIP	LARGO FL 337707417		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH LINDA C		
STREET ADDRESS	4254 PRESERVE PL		
CITY-ST-ZIP	PALM HARBOR FL 346854032		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH SCOTT D		
STREET ADDRESS	4254 PRESERVE PL		
CITY-ST-ZIP	PALM HARBOR FL 346854032		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH HOWARD H		
STREET ADDRESS	58 THATCH PALM ST W		
CITY-ST-ZIP	LARGO FL 337707417		
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			

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: Scott D Welch P 01/06/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)