2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K18356

Name:

Address:

City-St-Zip:

WELCH, LINDA C

4254 PRESERVE PL

PALM HARBOR, FL 346854032

Entity Name: LIBBY DEVELOPMENT CORPORATION

FILED Apr 30, 2002 8:00 AM Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
4254 PRES PALM HAF	SERVE PL RBOR, FL 346	8854032 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4254 PRES PALM HAF	SERVE PL RBOR, FL 346	8854032			
FEI Number	: 59-2883718	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WELCH, S 4254 PRES PALM HAF		6854032 US			
	named entity of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		o satisfy its Intangible Tax filing req g Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DV (WELCH, HOW 58 THATCH PA LARGO, FL 33	LM ST W	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WELCH, SCOT 4254 PRESER		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	DST () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT D WELCH P 04/30/2002