

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90139 029 ***150.00

DOCUMENT # K23556

1. Entity Name
FEDERAL ADJUSTMENT BUREAU INC.



Principal Place of Business

**6311 SW 34 COURT
MIRAMAR FL 33023
US**

Mailing Address

**6311 SW 34 COURT
MIRAMAR FL 33023
US**

2. Principal Place of Business

1950 JASON SCOTT DR
Suite, Apt. #, etc.

3. Mailing Address

SAME AS #2
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIBERT, CHARLES
6311 SW 34TH COURT
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name

[REDACTED]
(Street Address of 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

Charles C. Libert J.D.

March 20, 2003

(Signature, typed 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 **PTS** ☒ Delete
NAME **LIBERT, CHARLES J.D.**
STREET ADDRESS **6311 SW 34 COURT**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **PTS** ☐ Delete
NAME **CHARLES LIBERT J.D.** **NEW**
STREET ADDRESS **1950 JASON SCOTT DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

Charles C. Libert J.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2003
Date

Daytime Phone #

954/965-9484

CR2E034 (10/02)