

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90866 044 ***150.00

DOCUMENT # M30210

1. Entity Name

LIBERTY SEWING, INC.

Principal Place of Business

**36432 U.S. HWY 19 N
PALM HARBOR FL 34684**

Mailing Address

**36432 U.S. HWY 19 N
PALM HARBOR FL 34684**

2. Principal Place of Business

756 SAMANTHA DRIVE

3. Mailing Address

P.O. BOX 1077

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL 34683

City & State

PALM HARBOR, FL 34682-1077

4. FEI Number

59-2666205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORR, BURL, JR.

756 SAMANTHA DR

PALM HARBOR FL 34683

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.

SIGNATURE

BURL ORR, President 3/20/02

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, 2002 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 **PD** ☐ Delete
NAME **ORR, BURL**
STREET ADDRESS **756 SAMANTHA DR**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **ST** ☐ Delete
NAME **ORR, CONNIE S.**
STREET ADDRESS **756 SAMANTHA DR**
CITY-ST-ZIP **PALM HARBOR FL**

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

12. 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

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TITLE ☐ Change ☐ 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:

BURL ORR, PRESIDENT

Date

Daytime Phone #

3/20/02 727 787-4744

CR2E034 (9/01)