

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90041 013 ****61.25

DOCUMENT # N45187

1. Entity Name

LIBERTY SINGERS, INC.

Principal Place of Business

1601 W. MARION AVENUE
 SUITE 106
 PUNTA GORDA FL 33950
 US

Mailing Address

DONNA L GOFF
 PO BOX 510673
 PUNTA GORDA FL 33951
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0362932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG, WRETHA
 38492 WASHINGTON LOOP ROAD
 PUNTA GORDA FL 33982

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 MAEL, MARGARET
 23094 WORTH AVE
 PORT CHARLOTTE FL 33954 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MARX, DAWN
 21224 BASSETT AVE
 PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 MAEL, JEFFREY
 23094 WORTH AVENUE
 PORT CHARLOTTE FL 33954 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 JOHNSON, MARCUS, CEO
 2280 N.W. Aaron St.
 PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GOFF, DONNA
 POST OFFICE BOX 1235
 PUNTA GORDA FL 33950 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GOFF, DONNA
 POST OFFICE BOX 511235
 PUNTA GORDA, FL 33950 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 SHEEHAN, MARGIE
 P O BOX 8061
 PORT CHARLOTTE FL 33949-8061 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 SHEEHAN, MARGIE
 23465 Harborview Rd. #1008
 Charlotte Harbor, FL 33980 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 TEZA, JEANETTE M
 1181 DEWHURST STREET
 PORT CHARLOTTE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 TEZA JEANETTE
 1181 DEWHURST ST.
 PORT CHARLOTTE, FL 33952 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 HAZELTINE, BECKY
 20456 VAN GUARD TERR
 PORT CHARLOTTE FL 33954 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 HAZELTINE, BECKY
 20456 VAN GUARD TERR.
 PORT CHARLOTTE, FL 33954 ☒ Change ☐ Addition

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 617, 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:

Margie Sheehan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-01 941-639-3957

Date

Daytime Phone #

CR2E037 (10/00)