

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N45187**

1. Entity Name

LIBERTY SINGERS, INC.**FILED****Apr 02, 2002 8:00 am**
Secretary of State

04-02-2002 90043 046 ***61.25

0084318

Principal Place of Business

Mailing Address

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

4. FEI Number

65-0362932

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

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 \$61.259. 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 **DT** ☐ Delete
NAME **MAEL, MARGARET**
STREET ADDRESS **23094 WORTH AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DT** ☐ Delete
NAME **MAEL, JEFFREY**
STREET ADDRESS **23094 WORTH AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GOFF, DONNA**
STREET ADDRESS **P O BOX 511235**
CITY-ST-ZIP **PUNTA GORDA FL 33950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **SHEEHAN, MARGIE**
STREET ADDRESS **23465 HARBORVIEW RD #1008**
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **TEZA, JEANETTE M**
STREET ADDRESS **1181 DEWHURST STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☐ Delete
NAME **HAZELTINE, BECKY**
STREET ADDRESS **20456 VAN GUARD TERR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**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 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**2-22-02 941-639-3957**
Date Daytime Phone #

CR2E037 (9/01)