

9/17/01-90122-001-\$275.00-\$275.00
* 9/17/01-90122-002-\$275.00-\$275.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031125

1. Entity Name
LIERJET INTERNATIONAL, INC.

FILED

01 OCT 19 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
78399

Principal Place of Business
1704 HUNTINGTON COURT
SAFETY HARBOR FL 34695

Mailing Address
1704 HUNTINGTON COURT
SAFETY HARBOR FL 34695

2. Principal Place of Business

1704 HUNTINGTON CT

3. Mailing Address

1704 HUNTINGTON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SAFETY HARBOR FL

City & State

SAFETY HARBOR FL

Zip

34695

Country

USA

Zip

34695

Country

USA

4. FEI Number

593648598

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

LIERMANN, ROSEMARY
1704 HUNTINGTON COURT
SAFETY HARBOR FL 34695

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

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIERMANN, JAMES
1704 HUNTINGTON COURT
SAFETY HARBOR FL 34695

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIERMANN, ROSEMARY
1704 HUNTINGTON COURT
SAFETY HARBOR FL 34695

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

JAMES LIERMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/01

8139258895

Daytime Phone #

CR2E034 (5/01)