

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036364

1. Entity Name
LIBERTO ENTERPRISE, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90060 016 ***158.75

Principal Place of Business
**1620 CANTERBURY DR.
INDIALANTIC FL 32903**

Mailing Address
**1620 CANTERBURY DR.
INDIALANTIC FL 32903**

2. Principal Place of Business
620 W. New Haven Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
McLBourne FL
Zip
32901

Country
BRVARD

City & State

Zip

Country

4. FEI Number
59-3693826

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

~~CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324~~

Name
JAMES M LIBERTY

Street Address (P.O. Box Number is Not Acceptable)

1620 CANTERBURY DR.

City
INDIALANTIC

FL

Zip Code
32903

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 **James M Liberty Vice-President**

3-9-01

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERTY, JACQUELINE M 1620 CANTERBURY DR. INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERTY, JAMES M 1620 CANTERBURY DR. INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, WENDY 1620 CANTERBURY DR. INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, DONALD 1620 CANTERBURY DR. INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 M Liberty James M LIBERTY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01 321-952-7929

Date

Daytime Phone #

CR2E034 (10/00)

0077324