

FILED  
May 30, 2002 8:00 am  
Secretary of State

05-01-2002 91529 026 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000061339 ✓

1. Entity Name

L's Mortgage Corporation

**DO NOT WRITE IN THIS SPACE**

33036

2. Principal Place of Business

1086 N. 3rd Street

Suite, Apt. #, etc.

3. Mailing Address

715 APRICOT AVE.

Suite, Apt. #, etc.

Suite D

City & State

JACKSONVILLE BEACH FL

City & State

SARASOTA FL

Zip

32250

Country

USA

Zip

34237

Country

USA

4. FEI Number

59-3654113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Steve Liebel

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

715 APRICOT AVE

Suite D

City

Sarasota

FL

Zip Code

34237

**DO NOT WRITE  
IN THIS SPACE**

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

Steve Liebel CEO

5/9/02

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>CEO/Secretary/DIRECTOR</u> <u>Steve Liebel</u> <u>715 Apricot Ave., Suite D</u> <u>Sarasota FL 34237</u>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Liebel

3/28/02

941 954-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)