

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080325

1. Entity Name  
**THE LIBERAL LOAN COMPANY**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90161 048 \*\*\*155.00

Principal Place of Business  
6838 PARK BLVD  
ST PETE BEACH FL 33781

Mailing Address  
6838 PARK BLVD  
ST PETE BEACH FL 33781

44899

2. Principal Place of Business  
**THE LIBERAL LOAN COMPANY**  
Suite, Apt. #, etc.  
**6838 PARK BLVD**

3. Mailing Address  
**6838 PARK BLVD**  
Suite, Apt. #, etc.

City & State  
**PINELLAS PARK, FL 33781**

City & State  
**PINELLAS PARK, FL 33781**

4. FEI Number  
**59-3666463**

Applied For  
Not Applicable

Zip  
**USA**

Zip  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MARGARITIS, DOROTHY**  
**4615 GULF BLVD, STE 216**  
**ST PETE BEACH FL 33706**

## 7. Name and Address of New Registered Agent

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President-Director</b> <b>Dorothy Margaritis</b> <b>285 Monte Cristo Blvd</b> <b>Tierra Verde, FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Jacqueline Sinclair</b> <b>5139-B Lynnlake Dr So.</b> <b>St Petersburg, FL 33712</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary-Treasurer</b> <b>Deborah Wheeler</b> <b>2016 36th Ave NW</b> <b>St Pete, FL 33713</b>	<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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Dorothy Margaritis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOROTHY MARGARITIS**  
**4-20-01 (727) 541-1614**  
Date Daytime Phone #

CR2E034 (10/00)