

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90540 003 \*\*\*150.00

**DOCUMENT # P01000024487**

1. Entity Name

**LIBERTY BUILDERS HOME IMPROVEMENTS, INC.**

Principal Place of Business

**10656 Bolyard Dr.  
 JACKSONVILLE, FL 32218**

Mailing Address

**C/O BARRY B ANSBACHER, P.A.  
 1301 RIVERPLACE BLVD. 2450 RIVERPLACE TWR  
 JACKSONVILLE FL 32207**

00094598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**10656 Bolyard Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jacksonville, FL**

4. FEI Number

**59-37042-77**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32218-4506**

**Duval**

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

**BARRY B ANSBACHER, P.A.  
 1301 RIVERPLACE BLVD. SUITE #2450  
 JACKSONVILLE FL 32207-9047**

Name

**Rick Jones**

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

**10656 Bolyard Dr.**

City

**Jacksonville**

**FL**

Zip Code

**32218-4506**

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

**4-2-2**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, RICHARD A</b>	
STREET ADDRESS	<b>10656 Bolyard Dr</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYONS, LEONARD L</b>	
STREET ADDRESS	<b>173 MIDDLEFIELD BLUFFS RD</b>	
CITY-ST-ZIP	<b>YULCE FL 32097</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-2**

Date

**219-2400**

Daytime Phone #

CR2E034 (9/01)