FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORTA**

Sep 10, 2003 8:00 am Secretary of State P01000030714 DOCUMENT # 09-10-2003 90051 023 ***150.00 1. Entity Name FIRST LIBERTY FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 1401 SOUTH MAIN ST 1401 SOUTH MAIN ST BELLE GLADE FL 33430 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1083701 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEFFERNAN, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 2911 E MAIN ST P O BOX 617 PAHOKEE FL 33476 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition ALVAREZ, BRENDA NAME NAME 251 BEGONIA DR STREET ADDRESS STREET ADDRESS PAHOKEE FL 33476 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change □ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information 3 indicated on this report or supp of the corporation or the rece changed, or on an attachme

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 intal report is true and accurate end that my signature shall have the same legal effect as if made under oath; that I am an officer or director trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

AHachment

RICHARD L. HEFFERNAN, P.A.

CERTIFIED PUBLIC ACCOUNTANT
P. G. 80X 617
2911 EAST MAIN STREET
PAHOKEE, FLORIDA 33476
(561) 924-7989
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AMERICAN INSTITUTE OF
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FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

September 5, 2003

RE: First Liberty Financial Group, Inc.

Document # P01000030714)

Dear Sir/Madam:

The aforementioned taxpayer received the Certificate of Administrative Dissolution or Revocation and Application For Reinstatement, but our client stated she never received the first notice.

The business owner has been struggling to stay in business and large fees will constitute a burden to her low income at this time. Please abate the \$400.00 penalty for the annual filing fee of this corporation.

A check is enclosed for \$150 (required filing fee). Please consider abating the penalty. If you have any additional questions regarding this matter, please contact our office.

Thank You,

Richard I. Heffernan, Cha

RICHARD L. HEFFERNAN, P.A.