

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90950 027 ***158.75

DOCUMENT # P01000078354

1. Entity Name

Liberty Project Delivery Group, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

530 N. Commonwealth Ave.

3. Mailing Address

530 N. Commonwealth Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Polk City, FL

City & State

Polk City, FL

Zip

33868

Country

USA

Zip

33868

Country

USA

4. FEI Number

59-3736791

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Cecelia Andrew

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

3435 Barley Court

City

Lakeland,

FL

Zip Code

33803

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 Cecelia M Andrew, President

April 4, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Cecelia M. Andrew
3435 Barley Court
Lakeland, FL 33803

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Vice President
George DuBose
PO Box 131
Zellwood, FL 32798

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecelia M. Andrew

Cecelia M. Andrew

4/04/03

863-984-5929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: *