## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P01000108854

1. Entity Name

LIBERTY ARMS, INC.



Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90293 006 \*\*\*158.75

FILED

Principal Place of Business Mailing Address 500 FENTREE BOULEVARD 500 FENTREE BOULEVARD DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address 500 tento Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 39-3755597 Not Applicable 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 COSTA, HELEN C ESQ. Street Address (P.O. Box Number is Not Acceptable) 7330 WEST 20TH AVENUE MIAMI LAKES FL 33016-1836 City Zip Code 8. The above named entity submits this rpose 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 SIGNATURE Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TIT) F ☐ Addition NAME COSTA, FRANK R NAME STREET ADDRESS 500 FENTREE BLVD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME RUSSELL, WILLIAM C NAME STREET ADDRESS 500 FENTREE BOULEVARD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-7IP TD ☐ Delete TITLE ☐ Change Addition COSTA, REINALDO NAME STREET ADDRESS 7330 WEST 20TH AVE. STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME COSTA, MAURICE R STREET ADDRESS 7330 WEST 20TH AVE. STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 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 Block 11 if

SIGNATURE: