

FILED
Jul 15, 2003 8:00 am
Secretary of State

04-28-2003 90518 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000016222
1. Entity Name
LIBERTY GRAPHICS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3034 MICHIGAN AVENUE
Suite, Apt. #, etc.
City & State
KISSIMMEE, FL
Zip
34743
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

55051323

4. FEI Number 04-3600042 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent
Name
KENNETH L ZILKE
Street Address (P.O. Box Number is Not Acceptable)
6455 CREATION STREET
City
ST CLOUD FL Zip Code
34771

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/03

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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KENNETH L ZILKE 6455 CREATION STREET ST. CLOUD FLORIDA 34771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MADIE M ZILKE 6455 CREATION STREET ST CLOUD FLORIDA 34771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Kenneth L Zilke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-847-0045

Daytime Phone #