

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90499 002 ***150.00

DOCUMENT # P02000131077

1. Entity Name

LIBERTY FOREVER INCORPORATED



Principal Place of Business

**10919 US HIGHWAY 19
PORT RICHEY FL 34668**

Mailing Address

**10927 INGLEWOOD AVE
PORT RICHEY FL 34668**

2. Principal Place of Business

3621 US HWY 19

Suite, Apt. #, etc.

**ALL
NPR FL 34652**

City & State

NPR FL 34652

Zip

34652

Country

USA

3. Mailing Address

10927 INGLEWOOD AVE

Suite, Apt. #, etc.

City & State

PORT RICHEY FL 8

Zip

34668

Country

USA

4. FEI Number

01-0779001

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARBONE, ANGELO J
10927 INGLEWOOD AVE
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 *Angelo J. Carbone*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **P. CARBONE, ANGELO J**
STREET ADDRESS **10927 INGLEWOOD AVE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angelo J. Carbone* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

727-237-7529

Date

Daytime Phone #

CR2E034 (10/02)