

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000014524**

1. Entity Name

LIBERTY FOLIAGE, INC.**FILED**
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90105 030 ***150.00

Principal Place of Business

**30526 PRESTWICK AVE
MT PLYMOUTH FL 32776**

Mailing Address

**30526 PRESTWICK AVE
MT PLYMOUTH FL 32776-9247****C0063321**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

34807 NASHUA Blvd

Suite, Apt. #, etc.

3. Mailing Address

34807 NASHUA Blvd

Suite, Apt. #, etc.

City & State

SORRENTO FL

City & State

SORRENTO FL

4. FEI Number

59-3170640

Applied For

Not Applicable

Zip

32776

Country

USA

Zip

32776

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKS, DAVID G
30526 PRESTWICK AVE
MT PLYMOUTH FL 32776**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------|----------------|---------------------------------|
| D | BROOKS, DAVID G | 30526 PRESTWICK AVE | MT PLYMOUTH FL | <input type="checkbox"/> |
| D | BROOKS, SUSAN L | 30526 PRESTWICK AVE | MT PLYMOUTH FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G BROOKS

Date

2/28/00

Daytime Phone #

352 483-4925

CR2E034 (9/99)