

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90732 014 ***150.00

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

DOCUMENT # **P93000040015**

1. Entity Name

EDWARD LIEBLING, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2655 McCormick Dr.

Suite, Apt. #, etc.

Suite 203

City & State

CLEARWATER

Zip

33759

Country

USA

3. Mailing Address

2655 McCormick Drive

Suite, Apt. #, etc.

Suite 203

City & State

CLEARWATER FLORIDA

Zip

33759

Country

USA

B0061530

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3190528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Edward Liebling

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

2655 McCormick Drive

Suite 203

City

CLEARWATER

FL

Zip Code

33759

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PSUT
Liebling, EDWARD
2655 McCormick Drive, Ste 203
CLEARWATER, FLORIDA, 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
Liebling, EDWARD
2655 McCormick Drive, Ste 203
CLEARWATER, FL 33759**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD
Liebling**

3/27/02

Date

(727) 725-3600

Daytime Phone #

CR2E034B (12/01)