FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90974 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2655 McCormick Drive

please 20035104 *update*

DOCUMENT # P93000040015

1. Entity Name
EDWARD LIEBLING, P.A.

Principal Place of Business	Mailing Address
2653 MCCORMICK DR. STE 112 CLEARWATER, FL 33759 US	2653 MCCORMICK DR STE 112 CLEARWATER, FL 34619 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3190520 ☐ Applied For ☐ Not Applicable

5. 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
LIEBLING, EDWARD 2655 MCCORMICK DRIVE STE 203 CLEARWATER, FL 34623	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

correct ✓

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT LIEBLING, EDWARD 2653 MCCORMICK DRIVE, SUITE 112 CLEARWATER, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBLING, EDWARD 2653 MCCORMICK DRIVE, SUITE 112 CLEARWATER, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: *[signature]* *Edward Liebling* *4/3/03* *(727) 725-3600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #