

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007516

1. Entity Name

LIBERTY DUPLEXES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90014 050 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

10145 Bull Headley Road

Suite, Apt. #, etc.

3. Mailing Address

500 South Duval Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3224376

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32399-1925

Country

USA

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME PTD
STREET ADDRESS Leander J. Shaw, Jr.
CITY-ST-ZIP 10145 Bull Headley Road
Tallahassee, FL 32312

TITLE ☐ Delete

NAME PTD
STREET ADDRESS Leander J. Shaw, Jr.
CITY-ST-ZIP 500 South Duval Street
Tallahassee, FL 32399-1925

TITLE ☐ Delete

NAME D
STREET ADDRESS Sugrim Mohan
CITY-ST-ZIP 18 McPhillips Avenue
Markham, Ontario
Canada L3P 1C3

TITLE ☐ Delete

NAME D
STREET ADDRESS Barbara Mohan
CITY-ST-ZIP 18 McPhillips Avenue
Markham, Ontario
Canada L3P 1C3

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

April 3, 2001 850/488-0208

Date

Daytime Phone #

CR2E034 (11/00)