FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 12, 2002 8:00 am Secretary of State P97000003672 **DOCUMENT #** 1. Entity Name 09-12-2002 90086 024 \*\*\*550.00 THE LIBERTAS GROUP, INC. Principal Place of Business Mailing Address R1137676 303 EVERGREEN DRIVE P. O. BOX 31325 N-PALM-BEACH F: 33408 PALM BEACH GARDENS FL 00420 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0722070 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWENCKE: KERRY R Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. SUITE 720 W PALM BEACH FL 33401 City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE ☐ Channe Addition BACKMAN, JEFFREY NAME NAME 909 EVERGREEN DRIVE 6 LETHINSTON KE STREET ADDRES STREET ADDRESS N-PALM BEACH F, 33409 CITY-ST-ZIP JI BRACH GAYNU CITY-ST-ZIP TITLE ☐ Delete **FL** TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: