

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90243 017 ***150.00

DOCUMENT # P97000010696

1. Entity Name

LIBERTY ENTERPRISE OF SOUTH FLORIDA INC.

Principal Place of Business

7288 WILLOW SPRINGS CIR
LANTANA FL 33462

Mailing Address

3100 BUCCANEER RD
LANTANA FL 33462
US

2. Principal Place of Business

349 SE Starfish AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Saint Lucie

Zip

34983

Country

St. Lucie

6. Name and Address of Current Registered Agent

LIBERT, ERSKINE
7288 WILLOW SPRINGS CIR
LANTANA FL 33462

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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LIBERT, ERSKINE
STREET ADDRESS 7288 WILLOW SPRINGS CIR
CITY-ST-ZIP LAKE WORTH FL 33462

TITLE VPD ☐ Delete
NAME LIBERT, MARILYN
STREET ADDRESS 7288 WILLOW SPRINGS CIR
CITY-ST-ZIP LAKE WORTH FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME ERSKINE LIBERT
STREET ADDRESS 349 SE Starfish AVE
CITY-ST-ZIP Port St. Lucie FL 34983

TITLE VPD ☒ Change ☐ Addition
NAME MARILYN LIBERT
STREET ADDRESS 349 SE Starfish AVE
CITY-ST-ZIP Port St. Lucie FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

CR2E034 (10/00)