

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90009 009 ***158.75

DOCUMENT # P97000021843

1. Entity Name

LIBERTY MORTGAGE SERVICES, INC.

Principal Place of Business

**4821 US 19
 SUITE 2
 NEW PORT RICHEY FL 34652
 US**

Mailing Address

**4821 US 19
 SUITE 2
 NEW PORT RICHEY FL 34652
 US**

2. Principal Place of Business

5623 US 19

Suite, Apt. #, etc.

249

City & State

NEW PORT RICHEY, FL.

Zip

34652

Country

PASCO

3. Mailing Address

5623 US 19

Suite, Apt. #, etc.

249

City & State

NEW PORT RICHEY, FL.

Zip

34652

Country

PASCO



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3437503

☒ 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

**KALOGIANIS, CONSTANTINE ESQ.
 4821 US 19
 SUITE 2
 NEW PORT RICHEY FL 34652**

Name

MALCOM D. TATE

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

5623 US 19

SUITE 249

City

NEW PORT RICHEY

FL

Zip Code

34652

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]

PRES. MALCOM D. TATE

4-25-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KALOGIANIS, CONSTANTINE	
STREET ADDRESS	4821 US 19 STE 2	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KALOGIANIS, KATHY	
STREET ADDRESS	4821 US 19 STE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOM D. TATE	
STREET ADDRESS	5623 US 19 SUITE 249	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x

[Signature]

MALCOM D. TATE

4-25-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)