

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054982

1. Entity Name

LIBERTY DEVELOPMENT CORPORATION

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90082 034 ***150.00

Principal Place of Business

6400 RIDGE ROAD
PORT RICHEY FL 34668

Mailing Address

6400 RIDGE ROAD
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~59-3522200~~

59-352 4078

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

PIERRE, RIGO
6400 RIDGE RD
PORT RICHEY FL 34668

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME ~~PICO, PIERRE~~ Rigo Pierre
STREET ADDRESS 6400 RIDGE RD
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

Date

Daytime Phone #

727-849-0743

CR2E034 (10/00)

Attachment
#P98000054982
758867

75886

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

New Address _____
City _____
State _____ Zip _____
Telephone Number _____

Do not write beyond this line

Employer Identification Number (EIN)

OMB No. 1545-0257

59-3524078 181512

LIBERTY DEVELOPMENT CORPORATION 18
6400 RIDGE RD
PORT RICHEY FL 34668-6748

INTERNAL REVENUE SERVICE CENTER
AUSTIN, TX 73301

Send FTD Address Change and correspondence to the IRS address above.

Form 8109-C (Rev. 10-96)

For your records
Proof of ↓ FEI Number
Correct

727-849-0743