2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90077 050 ***150.00

DOCUMENT # P98000062541

1. Entity Name
LIEBL & BARROW ENGINEERING, INC.

Principal Place of Business	Mailing Address
7290 COLLEGE PARKWAY. SUITE 424 FORT MYERS FL 33907 US	7290 COLLEGE PARKWAY. SUITE 424 FORT MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7290 COLLEGE PARKWAY	7290 COLLEGE PARKWAY
Suite, Apt. #, etc. 307	Suite, Apt. #, etc. 307
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33907 Country: US	Zip: 33907 Country: US

4. FEI Number: 65-0853786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARROW, LAURA G
17595 S TAMIAMI TRAIL
SUITE 200-
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name: LAURA G. BARROW
Street Address (P.O. Box Number is Not Acceptable): 18136 HORSESHOE BAY CIRCLE
City: FORT MYERS **FL** Zip Code: 33912

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] Laura G. Barrow 1/28/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BARROW, RICHARD S 18136 HORSESHOE BAY CR FT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LIEBL, BRAIN O 3204 SE 12TH AVE CAPE CORAL FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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] RICHARD S. BARROW 1/30/02 941-936-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #