

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0662638 AB

DOCUMENT # P99000022418

1. Entity Name
FIRST LIBERTY FINANCIAL SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 FEB 17 PM 2:40

Principal Place of Business
400 KEYSTONE INDUSTRIAL PARK
STE. 23
DUNMORE PA 18512

Mailing Address
400 KEYSTONE INDUSTRIAL PARK
STE. 23
DUNMORE PA 18512



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 52-2154910

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

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE FL 32301

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GOFFREDO, DOMINIC M
STREET ADDRESS 232 MAIN STREET
CITY-ST-ZIP PECKVILLE PA 18452 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700013633197
03/06/03--01060--024 **150.00 ☐ Change ☐ Addition

TITLE ST
NAME BORGIA, STEVEN S
STREET ADDRESS 589 RAILROAD AVENUE
CITY-ST-ZIP PECKVILLE PA 18452 ☐ Delete

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

TITLE V
NAME BORGIA, SAMUEL
STREET ADDRESS 516 MAY DRIVE
CITY-ST-ZIP DUNMORE PA 18512 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

2-14-03

800-585-7229

Date

Daytime Phone #

CR2E034 (10/02)