

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90319 022 \*\*\*150.00

**DOCUMENT # P99000043856**

**1. Entity Name**  
**LIBERTY NATIONAL SURETY, INC.**



**Principal Place of Business**  
**226 MLK BLVD**  
**FORT MYERS FL 33901**

**Mailing Address**  
**495 GOODLETTE RD.**  
**NAPLES FL 34102**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**2438 Fowler STR.**

**3. Mailing Address**

**2438 FOWLER STR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Fort Myers FL**

**City & State**  
**Fort Myers FL**

**4. FEI Number**  
**65-0872313**

Applied For

Not Applicable

**Zip**  
**33901**

**Country**  
**usa**

**Zip**  
**33901**

**Country**  
**usa**

**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**

**HOUSTON, JOSEPH**  
**495 GOODLETTE RD.**  
**NAPLES FL 34102**

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	D	<input type="checkbox"/> Delete
NAME	HOUSTON, JOSEPH	
STREET ADDRESS	495 GOODLETTE RD.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIVINGSTON, MARY J	
STREET ADDRESS	495 GOODLETTE RD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2438 FOWLER STR.	
STREET ADDRESS	Fort Myers FL 33901	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2438 FOWLER STR.	
STREET ADDRESS	Fort Myers FL 33901	
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/03

239-275-7766

CR2E034 (10/02)