## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900054626 May 22, 2000 8:00 am Secretary of State LIBERTY ACQUISITIONS AND INVESTMENTS, INC. 05-22-2000 90016 044 \*\*\*150.00 Principal Place of Business Mailing Address 2916 OXFORD STREET.STE.100 2916 OXFORD STREET.STE.100 ORLANDO FL 32803-6821 ORLANDO FL 32803-6821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3604389 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DYER, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2916 OXFORD STREET, STE. 100 ORLANDO FL 32803-6821 Zip Code FL 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 DAVID A. DYER FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 5/T/.D ☐ Addition □ Delete TITLE NAME NAME DAVID A. DYER STREET ADDRESS STREET ADDRESS 2916 OXFORD ST ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE D Terri HATTAWAY NAME NAME P.C. BOX 160 343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS , FL 32716 CITY-ST-ZIP 꼬 ☐ Delete TITLE JAMES MILLEN RAY TITLE NAME NAME 2117 S. BABCOCK ST., PMB101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBONCNE FL 32901 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID A. DY CR 4/29/50 407-898-3473