2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000064771**

1. Entity Name

FIRST LIBERTY INVESTMENTS SERVICES, INC.

Principal Place of Business Mailing Address 0255 N FEDERAL HWY, SUITE 401B FT LAUDERDALE FL 33308 6245 N FEDERAL HWY. SUITE 401B FT LAUDERDALE FL 33308-1915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Feb 17, 2000 8:00 am Secretary of State

02-17-2000 90087 005 ***150.00



DO NOT WRITE IN THIS SPACE

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e	City & State	City & State		4. FE	El Number 5-0935139		<u> </u>	plied For t Applicable
Country	Zip	Count	Country			\$	8.75 Add ee Required	litional d
6. Name and Address of Current Registered Agent				7. N	ame and Address of New Regi	stered Aç	jent	
-			Name					
SWICKLE, MARC B 6245 N FEDERAL HWY, SUITE 401B			Street Address (P.O. Box Number is Not Acceptable)					
							T 7:- 0 - 1	
			City			FL	Zip Coae	3
named entity euhmits this statemer	nt for the purpose of changin	a its realistere	d office or regist	ered age	ent, or both, in the State of Florida			
Trained entity Sabritis and Statemer	it for the purpose of ordingm	g na rogistoro	o omeo or region	0.00.090	,			
Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature requi	red when rein	nstating)	DATE		
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				\	10. Election Campaign Finance	ing	\$5.0	0 May Be
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	ND DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICE			
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	Country 6. Name and Address of Curre CKLE, MARC B N FEDERAL HWY, SUITE 4019 AUDERDALE FL 33308 named entity submits this statement Signature, typed or printed name of registered a praction is eligible to satisfy its Intange equirement and elects to do so. ia on back) OFFICERS A PD SWICKLE, MARC B 6245 N FEDERAL HWY, SUIT	Country 6. Name and Address of Current Registered Agent KKLE, MARC B N FEDERAL HWY, SUITE 401B AUDERDALE FL 33308 named entity submits this statement for the purpose of changin Signature, typed or printed name of registered agent and trile if applicable. Prattion is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND DIRECTORS PD SWICKLE, MARC B 6245 N FEDERAL HWY, SUITE 401B FT LAUDERDALE FL 33308 Delete Delete	Signeture, typed or printed name of registered agent and title if applicable. Signeture, typed or printed name of registered agent and title if applicable. Signeture, typed or printed name of registered agent and title if applicable. Signeture, typed or printed name of registered agent and title if applicable. Signeture, typed or printed name of registered agent and title if applicable. Signeture, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent (NOTE Registered After MAY 1, 2000 Fee Make Check Payable to De Make Check Payable to De OFFICERS AND DIRECTORS 12. PD SWICKLE, MARC B 6245 N FEDERAL HWY, SUITE 401B FT LAUDERDALE FL 33308 Delete TITLE NAME STREE CITY- Delete	Country Name Street Address Street Address City City	Country Zip Country Zip Country 5. C 6. Name and Address of Current Registered Agent Name Street Address (P.O. Bo Street Address (P.O. Bo Street Address (P.O. Bo City City named entity submits this statement for the purpose of changing its registered office or registered agent and sile if applicable. (NOTE. Registered Agent signature required when religible to satisfy its Intangible equirement and elects to do so. In an back) OFFICERS AND DIRECTORS PD SWICKLE, MARC B 6245 N FEDERAL HWY, SUITE 401B FT LAUDERDALE FL 33308 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Regis Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida City ration is eligible to satisfy its Intangible equirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will	Country Country Country Country Country 5. Certificate of Status Desired \$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signeture, typed or priced name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating) Dall E Viration is eligible to satisfy its Intrangible equirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND INTERMEDIATE ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete STREET ADDRESS CITY-ST-ZP Delete	Country

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:

ND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR