

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90092 043 ***150.00

DOCUMENT # V32309

1. Entity Name
LIBO CONSTRUCTION, INC.

Principal Place of Business
**9421 SOUTH ORANGE BLOSSOM TRAIL
 SUITE 18
 ORLANDO FL 32837**

Mailing Address
**9421 SOUTH ORANGE BLOSSOM TRAIL
 SUITE 18
 ORLANDO FL 32837**

2. Principal Place of Business
7594 WEST SAND LAKE RD
 Suite, Apt. #, etc.

3. Mailing Address
7594 WEST SAND LAKE RD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL
 Zip
32819
 Country
ORANGE

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ORLANDO FL
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ORANGE

4. FEI Number **59-3123768**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JEBAILY, PAUL
 9421 SOUTH ORANGE BLOSSOM TRAIL
 SUITE 18
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
7594 WEST SAND LAKE ROAD
 City **ORLANDO** **FL** Zip Code **32819**

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 **PAUL JE BAILEY PRESIDENT** **4-20-01**
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEBAILY, PAUL 9421 S. ORANGE BLOSSOM ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7594 WEST SAND LAKE ROAD ORLANDO FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PAUL JE BAILEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 **407-226-8888**
 Date Daytime Phone #

0075284

CR2E034 (10/00)