

2002

UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J74232**

1. Entity Name

LIDDELL HOMES, INC.**FILED****Apr 18, 2002 8:00 am**
Secretary of State

04-18-2002 90471 034 ***150.00

Principal Place of Business

**9501 NORMANDY BLVD.
P.O. BOX 5604
JACKSONVILLE FL 32221**

Mailing Address

**9501 NORMANDY BLVD.
P.O. BOX 5604
JACKSONVILLE FL 32221**

80069082



DO NOT WRITE IN THIS SPACE

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 **59-2859219**

Applied

Not App.

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

**LIDDELL, ROBERT
9501 NORMANDY BLVD
PO BOX 5604
JACKSONVILLE FL 32221**

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.

SIGNATURE

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) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 M.**
Added to F.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **D** ☐ Delete
NAME **LIDDELL, ROBERT**
STREET ADDRESS **1563 PALM AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LIDDELL, ROBERT ALLEN**
STREET ADDRESS **2420 GREEN SPRING DR.**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **PRES** ☒ Change ☐
NAME **LIDDELL, ROBERT ALLEN**
STREET ADDRESS **2420 GREEN SPRING DR**
CITY-ST-ZIP **JACKSONVILLE FL**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-2002

904-783-4600

Date

Daytime Phone #