

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90072 001 ***150.00

0592618 AV

DOCUMENT # P01000111947

1. Entity Name
LIDDELL INDUSTRIES, CORP.



Principal Place of Business
**11020 OLEANDER DRIVE
CLERMONT FL 34711**

Mailing Address
**P.O BOX 120888
CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

P.O. Box 120888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

556-D N. Highway 27

City & State

City & State

Clermont, FL

Clermont, FL

Zip

Country

Zip

Country

34711

34712

U.S.A.

4. FEI Number

01-0580963

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIDDELL, THOMAS
11020 OLEANDER DRIVE
CLERMONT FL 34711**

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 Delete
NAME **D LIDDELL, THOMAS**
STREET ADDRESS **11020 OLEANDER DRIVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D LIDDELL, KEVIN**
STREET ADDRESS **10349 REGAL DRIVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

Thomas P. Liddell
THOMAS P. LIDDELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/03
DATE

Daytime Phone #

CR2E034 (10/02)