

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90928 042 \*\*\*150.00

**DOCUMENT # P95000012413**  
 1. Entity Name  
**STEVEN R. LILLQUIST, INC.**

Principal Place of Business 1352 ELCON DRIVE WEST MELBOURNE FL 32904	Mailing Address 1352 ELCON DRIVE WEST MELBOURNE FL 32904-8713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7617-A ELLIS RD #37</b>	3. Mailing Address <b>7617-A ELLIS RD #37</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WEST MELBOURNE FL</b>	City & State <b>FL</b>
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4. FEI Number <b>59-3301262</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32904</b>	Country <del>USA</del> <b>U.S.</b>	Zip <b>32904</b>	Country <b>U.S.</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MOSLEY, CURTIS R**  
**1221 EAST NEW HAVEN AVE.**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
 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]* **President** DATE **4/8/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		<input type="checkbox"/> Delete
TITLE	<b>D</b>	
NAME	<b>LILLQUIST, STEVEN R</b>	
STREET ADDRESS	<b>1352 ELCON DR.</b>	
CITY-ST-ZIP	<b>WEST MELBOURNE FL 32904</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME	<b>LILLQUIST, STEVEN R</b>		
STREET ADDRESS	<b>7617-A ELLIS RD #37</b>		
CITY-ST-ZIP	<b>WEST MELBOURNE, FL 32904</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **(321) 752-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

492 000012413  
A0060869

EVERYTHING STAYS THE  
SAME - EXCEPT THE  
ADDRESS HAS CHANGED TO:

Steven R. Lilquist  
7617-A Ellis Rd. #37  
West Melbourne FL 32904

ANY QUESTIONS - PLEASE  
CALL 752-0500.

THANK-YOU! Korin