

2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

7617-A ELLIS RD #37

3. Mailing Address

7617-A ELLIS RD #37

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST MELBOURNE

City & State

FL

4. FEI Number

59-3301262

Applied For

Not Applicable

Zip

Country

32904

U.S.

Zip

Country

32904

U.S.

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

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVE.
MELBOURNE FL 32901

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)

☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLQUIST, STEVEN R	
STREET ADDRESS	7617-A ELLIS RD #37	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 752-0500



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

792 000012413
A0060866

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