

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90046 001 ***150.00

5088060 AV

DOCUMENT # P02000103704

1. Entity Name
LIAHONA PROPERTIES, INC.



Principal Place of Business
**4870 SOUTHWIND DR
MULBERRY FL 33860**

Mailing Address
**4870 SOUTHWIND DR
MULBERRY FL 33860**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3874239

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **The Allen Law Firm**
Street Address (P.O. Box Number is Not Acceptable)
170 North Florida Ave

City **Bartow** FL Zip Code **33830**

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]

4-27-03

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

TITLE **P** ☐ Delete
NAME **MEYLING, FRED H**
STREET ADDRESS **4870 SOUTHWIND DR**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **Karl Sweeney**
STREET ADDRESS **5619 Emerald Lane**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Kim Meyling**
CITY-ST-ZIP **4870 Southwind Dr**
Mulberry FL 33860

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **DeAnne Sweeney**
CITY-ST-ZIP **5619 Emerald Lane**
Lakeland, FL 33813

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 863 255-9159

Date

Daytime Phone

CR2E034 (10/02)