

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90288 011 ***150.00

DOCUMENT # 311662

1. Entity Name

A-1 LIQUIDATING CORPORATION

Principal Place of Business

**4315 SW 34TH ST
 ORLANDO FL 32811
 US**

Mailing Address

**4315 SW 34TH ST
 ORLANDO FL 32811
 US**

2. Principal Place of Business

**7799 STYLES BLVD
 Suite, Apt. #, etc.**

3. Mailing Address

**7799 STYLES BLVD.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-1163288

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PURRINGTON, MARGARET
 4315 SW 34TH ST
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

7799 STYLES BLVD.

City

KISSIMMEE

FL

Zip Code

34747

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

Margaret Purington

Signature, typed or printed name of registered agent and title if applicable

MARGARET PURRINGTON

(NOTE: Registered Agent signature required when reinstating)

4/10/01

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, 2001 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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP BEARDSLEY, HENRY L. 9106 BAY POINT DR. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BEARDSLEY, MOLLIE J. 9106 BAY POINT DR. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST PURRINGTON, MARGARET 4315 SW 34TH ST ORLANDO FL 32811	☒ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	7799 STYLES BLVD. KISSIMMEE, FL. 34747	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition

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:

Margaret Purington **MARGARET PURRINGTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-390-7800

CR2E034 (10/00)