

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90033 031 ***150.00

DOCUMENT # 311662

1. Entity Name
A-1 LIQUIDATING CORPORATION

Principal Place of Business

**7799 STYLES BV
 KISSIMMEE FL 34747
 US**

Mailing Address

**7799 STYLES BV
 KISSIMMEE FL 34747
 US**

2. Principal Place of Business

9106 Bay Point Dr.
 Suite, Apt. #, etc.

3. Mailing Address

9106 Bay Point Dr.
 Suite, Apt. #, etc.

City & State
Orlando FL

Zip
32819

Country
USA

City & State
Orlando FL

Zip
32819

Country
USA

4. FEI Number
59-1163288

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PURRINGTON, MARGARET
 7799 STYLES BV
 KISSIMMEE FL 34747**

7. Name and Address of New Registered Agent

Name **William Tallent CPA**
 Street Address (P.O. Box Number is Not Acceptable) **900 Winderley Place, Ste 105**
 City **Maitland** FL Zip Code **32751**

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 **William Tallent CPA**
 Signature, typed or printed name of registered agent and title if applicable.

2/20/02
 DATE

(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, 2002 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 **DP** ☐ Delete
 NAME **BEARDSLEY, HENRY L.**
 STREET ADDRESS **9106 BAY POINT DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
 NAME **BEARDSLEY, MOLLIE J.**
 STREET ADDRESS **9106 BAY POINT DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☒ Delete
 NAME **PURRINGTON, MARGARET**
 STREET ADDRESS **779 STYLES BV**
 CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: **W. Beardsley**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 Date
(407) 660-2412 Daytime Phone #
X223

CR2E034 (9/01)