

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-17-2003 90125 016 ***150.00
FILE # J24402

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J24402

1. Entity Name
LIDDELL OF FLA. REALTY, INC.



Principal Place of Business
9501 NORMANDY BOULEVARD
P.O. BOX 5604
JACKSONVILLE FL 32207

Mailing Address
9501 NORMANDY BOULEVARD
P.O. BOX 5604
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2769384

Applied For
Not Applicable

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

LIDDELL, ROBERT
1563 PALM AVENUE
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LIDDELL, ROBERT ALLEN
STREET ADDRESS 2428 GREEN SPRING DR.
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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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:

Robert Liddell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03
Date

904-783-4600
Daytime Phone #

ROBERT LIDDELL

CR2E034 (10/02)