FILED

(9/01)

## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State **DOCUMENT #** J99970 04-01-2002 90672 003 \*\*\*150 00 LIQUID ASSETS OF BREVARD, INC Principal Place of Business Mailing Address P.O. BOX 488 218B N. A1A CAPE CANAVERAL FL 32920-0488 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2855319 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURGETT, STACY L Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVENUE, BLDG. C COCOA BEACH FL 32922 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Director TITLE TITLE PST Delete BURGETT, FREDERICK C JR Burgett, Frederick C, JR NAME STREET ADDRESS 220 ARTHUR AVENUE STREET ADDRESS 220 Arthur Avenue CITY-ST-ZIP COCOA BEACH FL CITY-ST-ZIP Cocoa Beach, FL 32931 TITLE ☐ Delete TITLE PT Change ▼ Addition NAME NAME Burgett, Stacy Leigh STREET ADDRESS STREET ADDRESS 1970 Michigan Ave, Bldg C CITY-ST-ZIP CITY-ST-7IP Cocoa, FL 32922 ☐ Change Addition TITLE Delete TITLE NAME NAME -Jacobsen, James Fredric STREET ADDRESS STREET ADDRESS 3142 Calgary Street CITY-ST-ZIP CITY-ST-ZIP Melbourne, FL 32935 ☐ Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE Delete Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE: FREDERICK C. BURGETTURRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING 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.