

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90480 047 ****61.25

DOCUMENT # N97000000218

1. Entity Name

HEMSUN LIQUIDATION COMPANY



Principal Place of Business

**4025 TAMPA ROAD
SUITE 1107-A
OLDSMAR FL 34677**

Mailing Address

**4025 TAMPA ROAD
SUITE 1107-A
OLDSMAR FL 34677**

11003454



2. Principal Place of Business

4035 TAMPA ROAD

3. Mailing Address

4035 TAMPA ROAD

Suite, Apt. #, etc.

6500

Suite, Apt. #, etc.

6500

City & State

OLDSMAR FL

City & State

OLDSMAR FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. FEI Number **65-0625456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, BRIAN
4025 TAMPA ROAD
SUITE 1107-A
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name
MCDONALD, BRIAN
Street Address (P.O. Box Number is Not Acceptable)
4035 TAMPA RD
SUITE 6500
City
OLDSMAR FL Zip Code
34677

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

BRIAN MCDONALD, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-18-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCDONALD, BRIAN**
STREET ADDRESS **4025 TAMPA RD., SUITE 1107 A**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **BROWN, BARBARA**
STREET ADDRESS **4025 TAMPA RD., SUITE 1107 A**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **FISHER, CASEY M**
STREET ADDRESS **4025 TAMPA RD. STE 1107 A**
CITY-ST-ZIP **OLDSMAR FL 34677**

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 10

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **4035 TAMPA ROAD #6500**
CITY-ST-ZIP **SAME**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **4035 TAMPA ROAD #6500**
CITY-ST-ZIP **SAME**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **4035 TAMPA ROAD #6500**
CITY-ST-ZIP **SAME**

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

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

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 617, 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

4-18-03

813-854-1448

Date Daytime Phone #

CR2E037 (10/02)