

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90020 004 ***150.00

DOCUMENT # P00000099903

1. Entity Name
LIQUID FX, INC.

Principal Place of Business
1 CORPORATE DRIVE
SUITE 1-I
PALM COAST FL 32137

Mailing Address
POST OFFICE BOX 351316
PALM COAST FL 32135-1316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
S UTILITY DRIVE
 Suite, Apt. #, etc.
SUITE 4

3. Mailing Address
 Suite, Apt. #, etc.

City & State
PALM COAST, FL

City & State

4. FEI Number **59-3692347**

Applied For
☐ **Not Applicable**

Zip **32137** **Country** **USA**

Zip **Country**

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

B. PAUL KATZ, ESQUIRE
1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST FL 32137

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT HUTCHINGSON, FRANK D	<input type="checkbox"/> Delete	TITLE	PT HUTCHINSON, FRANK D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CORPORATE PLAZA SUITE 1-I		NAME	S UTILITY DRIVE - SUITE 4	
STREET ADDRESS	PALM COAST FL 32137		STREET ADDRESS	PALM COAST, FL 32137	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP ALBAUS, JAMES	<input type="checkbox"/> Delete	TITLE	VP ALBANO, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CORPORATE PLAZA SUITE 1-I		NAME	S UTILITY DRIVE - SUITE 4	
STREET ADDRESS	PALM COAST FL 32137		STREET ADDRESS	PALM COAST, FL 32137	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPS LANTAIGUE, KEITH	<input type="checkbox"/> Delete	TITLE	VPS LANTAIGNE, KEITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CORPORATE PLAZA SUITE 1-I		NAME	S UTILITY DRIVE - SUITE 4	
STREET ADDRESS	PALM COAST FL 32137		STREET ADDRESS	PALM COAST, FL 32137	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Frank D. Hutchinson* **Frank D. Hutchinson - President** **01/09/02 (386)445-5200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)