

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0196556 AV

DOCUMENT # P01000018548

1. Entity Name  
THE LIQUIDEALER, INC.



04-14-2003 90885 001 \*\*\*\*75.00  
04-14-2003 90885 002 \*\*\*\*75.00

Principal Place of Business  
6250 SW 18 PLACE  
POMPANO BEACH FL 33068

Mailing Address  
6250 SW 18 PLACE  
POMPANO BEACH FL 33068



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 65-1076108

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRASNICK, SCOTT  
6250 SW 18 PLACE  
POMPANO BEACH FL 33068

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 NAME D KRASNICK, SCOTT  
STREET ADDRESS 6250 SW 18 PLACE  
CITY-ST-ZIP POMPANO BEACH FL 33068

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME D KRASNICK, LARRY  
STREET ADDRESS 6250 SW 18 PLACE  
CITY-ST-ZIP POMPANO BEACH FL 33068

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)