

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90119 045 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000017589

1. Entity Name  
FLORIDA LIQUID CERAMIC, INC.



Principal Place of Business  
13340 W. COLONIAL DR., SUITE 220  
WINTER GARDEN, FL 34787

Mailing Address  
13340 W. COLONIAL DR., SUITE 220  
WINTER GARDEN, FL 34787

11028906



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-368 2328

Applied For

Not Applicable

Zip

Country

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

REINHARDT, ERIC C  
13340 W. COLONIAL DR., SUITE 220  
WINTER GARDEN, FL 34787

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's signature required when registering)

DATE

FILE NOW WITH 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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
MILAZZO, JOSEPH A  
13340 W. COLONIAL DR., SUITE 220  
WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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☐ Change

☐ Addition

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 SIGNED OFFICER OR DIRECTOR

4/29/03

(407) 466-7330

Date

Daytime Phone #

Joseph A. Milazzo

CP2E034 (10/02)