

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90258 030 \*\*\*150.00

**DOCUMENT # P39909**

1. Entity Name

**LIDDUN INTERNATIONAL INCORPORATED**

Principal Place of Business

**2609 NE 33RD ST  
 FORT LAUDERDALE FL 33306**

Mailing Address

**2609 NE 33RD ST  
 FORT LAUDERDALE FL 33306**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**% Dunn  
 Suite, Apt. #, etc.  
 2635 Emerald Way North**

City & State

**Deerfield Beach FL**

Zip

**33442**

Country

**USA**

3. Mailing Address

**% Dunn  
 Suite, Apt. #, etc.  
 2635 Emerald Way North**

City & State

**Deerfield Beach, FL**

Zip

**33442**

Country

**USA**

4. FEI Number

**51-0291407**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LIDDY, GEORGE V.  
 2929 E. COMMERCIAL BLVD., #610  
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Robert V. Dunn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2635 Emerald Way North**  
 City **Deerfield** FL Zip Code **33442**

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 **Robert V. Dunn**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4.23.02**

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LIDDY, GEORGE V. 2609 NE 33RD ST FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DUNN, ROBERT V. 2635 EMERALD WAY NORTH DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT O'CONNOR, SHARON 2609 N.E. 33 STREET FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dunn, Robert V. 2635 Emerald Way North Deerfield Beach FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Catherine M. Dunn 2635 Emerald Way North Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Catherine M. Dunn 2635 Emerald Way North Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sharon O'Connor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.22.02**

Date

Daytime Phone #

CR2E034 (9/01)