

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045538

1. Entity Name
LIQUORUP, INC.

Principal Place of Business
1110 HOLLY HILL ROAD
DAVENPORT FL 33837

Mailing Address
1110 HOLLY HILL ROAD
DAVENPORT FL 33837

2. Principal Place of Business
600 Ingraham Ave

Suite, Apt. #, etc.

3. Mailing Address
1111 Holly Hill Rd.

Suite, Apt. #, etc.

City & State
Haines City, FL

City & State
Davenport, FL

Zip
33844

Country
Polk

Zip
33837

Country
Polk

4. FEI Number
59-3304912

Applied For

Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRIDGEN, WILEY U
1111 HOLLY HILL ROAD
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name
Betty A. Pridgen

Street Address (P.O. Box Number is Not Acceptable)

1111 Holly Hill Rd.

City
Davenport
FL
Zip Code
33837

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 Betty A. Pridgen, President

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

(NOTE: Registered Agent signature required when reinstating)

1/5/02

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
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PRIDGEN, WILEY U
1110 HOLLY HILL ROAD
DAVENPORT FL 33837

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
BETTY A. Pridgen
1111 Holly Hill Rd.
DAVENPORT, FL 33837

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: Betty A. Pridgen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02 863-421-4595

Daytime Phone #

0472522 AV

CR2E034 (9/01)