

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90181 028 ***150.00

DOCUMENT # P94000075235

1. Entity Name
LIQUID TECHNOLOGY CORPORATION



Principal Place of Business
2121 S DIVISION AVENUE
ORLANDO FL 32806
US

Mailing Address
2121 S DIVISION AVENUE
ORLANDO FL 32806
US

2. Principal Place of Business

2564 Pemberton Ave

3. Mailing Address

2564 Pemberton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

Zip

32703

Country

USA

Zip

32703

Country

USA

6. Name and Address of Current Registered Agent

KAGRISE, COLLEEN
17424 MAGNOLIA ISL BLVD
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

N/A
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

TITLE **PT** ☐ **Delete**
NAME **DAVE KAGRISE**
STREET ADDRESS **17424 MAGNOLIA 1ST BLVD**
CITY-ST-ZIP **CLERMONT FL**

TITLE **VPS** ☐ **Delete**
NAME **COLLEEN KAGRISE**
STREET ADDRESS **17424 MAGNOLIA 1ST BLVD**
CITY-ST-ZIP **CLERMONT FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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 REQUIRED

JAN 20 2003

(407) 48-0405

Date

Daytime Phone #

CR2E034 (10/02)