

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90147 017 ***150.00

DOCUMENT # P95000029354

1. Entity Name
LIVERPOOL DEVELOPMENT CORPORATION



Principal Place of Business
8384 SW SUNNYBREEZE RD.
ARCADIA FL 34266
US

Mailing Address
P.O. BOX 240
FORT OGDEN FL 34207
US



2. Principal Place of Business

3. Mailing Address

1885 SW SUNNY OAK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

ARCADIA, FL

4. FEI Number 65-0577219

Applied For
Not Applicable

Zip 34269

Country

Zip

34269

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

~~WALDRON, EUGENE E~~
124 N. BREVARD AVE.
ARCADIA FL 33821

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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	D	<input type="checkbox"/> Delete
NAME	BAKER, WILLIAM	
STREET ADDRESS	8384 SW SUNNYBREEZE RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, DAVID T.	
STREET ADDRESS	7885 SW SUNNY OAK RD	
CITY-ST-ZIP	ARCADIA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, WILLIAM D.	
STREET ADDRESS	8384 SW SUNNYBREEZE RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VST	<input type="checkbox"/> Delete
NAME	RILEY, DAVID T.	
STREET ADDRESS	7885 SW SUNNY OAK RD	
CITY-ST-ZIP	ARCADIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34269	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 863-494-7092
Date Daytime Phone #

CR2E034 (10/02)