

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90413 039 ***150.00

DOCUMENT # P96000041419

1. Entity Name
OFFICE LIQUIDATORS, INC.



Principal Place of Business
**881 E. VENICE AVE.
VENICE FL 34292**

Mailing Address
**881 E. VENICE AVE.
VENICE FL 34292**



2. Principal Place of Business

1050 CAPPRI ISLES BLVD L202

3. Mailing Address

1050 CAPPRI ISLES BLVD L202

☒ CHECK HERE IF MAKING CHANGES

City & State
VENICE FL

City & State
VENICE FL 34292

4. FEI Number **65-0662178**

Applied For
Not Applicable

Zip
34292

Country
USA

Zip
34292

Country
USA

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

6. Name and Address of Current Registered Agent

**HOWE, DONALD S
881 E VENICE AVE
VENICE FL 34292**

7. Name and Address of New Registered Agent

Name
HOWE, DONALD S
Street Address (P.O. Box Number is Not Acceptable)
**1050 CAPPRI ISLES BLVD
L202**
City **VENICE** FL **34292**

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]** **DONALD HOWE, PRES**
(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWE, DONALD S 881 E VENICE AVE VENICE FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWE, LINDA 881 E VENICE AVE VENICE FL 34292 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLLOUD, KEVIN 881 E VENICE AVE NORTH PORT FL 34287 <input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]** **DONALD HOWE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

941 483-3096
Daytime Phone #

0567620 AV

CR2E034 (10/02)