

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90140 018 \*\*\*150.00

0086180

**DOCUMENT # P96000066323**

1. Entity Name

LIK, INC.

Principal Place of Business

703 SHORE DR  
VERO BEACH FL 32963

Mailing Address

703 SHORE DR  
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0696423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **PAULA ANDERSON-FINDLEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**703 SHORE DRIVE**  
City **VERO BEACH** FL Zip Code **32963**

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 *Paula Anderson-Findley* PRESIDENT *PAULA ANDERSON-FINDLEY* April 17, 2001  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	ANDERSON-FINDLEY, PAULA	
STREET ADDRESS	703 SHORE DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ANDERSON, CRAIG S	
STREET ADDRESS	703 SHORE DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	ANDERSON, ANGELA F	
STREET ADDRESS	703 SHORE DR	
CITY-ST-ZIP	VERO BEACH 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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Paula Anderson-Findley* PRESIDENT *PAULA ANDERSON-FINDLEY* (Sgt) 234-2795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)