

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020320

1. Entity Name

LIQUID ASSETS OF SOUTH FLORIDA, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90002 030 ***558.75

Principal Place of Business

76 PINE HILL TRAIL WEST
TEQUESTA FL 33469

Mailing Address

76 PINE HILL TRAIL WEST
TEQUESTA FL 33469

2. Principal Place of Business

76 Pine Hill Trail West

3. Mailing Address

638 N. US Hwy One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

156

City & State

Tequesta, FL

City & State

Tequesta, FL

4. FEI Number

65-0730624

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEAGER, THOMAS J
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **HIGGINS, DOUGLAS E**
STREET ADDRESS **76 PINE HILL TRAIL WEST**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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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 an other like empowered.

SIGNATURE:

SECRETARY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/18/00 561-747-2828

CR2E034 15/00