2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 25, 2000 8:00 am Secretary of State DOCUMENT # **P97000086965** 1. Entity Name ____ LIQUID ASSETS BY DESIGN, INC. 03-25-2000 90003 038 ***150.00 Mailing Address Principal Place of Business 605 SW 29 TERR 605 SW 29 TERR CAPE CORAL FL 33914-4649 CAPE CORAL FL 33914 3. Mailing Address 2. Principal Place of Business CR 78 മാമദ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0786286 Not Applicable Country SH \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mehl Number is Not Acceptable) MEHL, KEVIN C (P.O. Box 605 SW 29 TERR CAPE CORAL FL 33914 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 (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE hange Addition ☐ Delete TITLE mehl, KevinC. MEHL, KEVIN C. NAME (NAME STREET ADDRESS STREET ADDRESS 605 SW 29 TERR 6093 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Addition ☐ Change TITLE ☐ D∈lete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP -E Change - 🖃 Addition Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ D∈tete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ D∈ lete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F TITLE ☐ D∈lete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #