

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90074 029 ***150.00

DOCUMENT # P98000006379

1. Entity Name

CORPORATE LIQUIDATORS, INC.

Principal Place of Business

**4016 RUDDER WAY
 NEW PORT RICHEY FL 34652**

Mailing Address

**4016 RUDDER WAY
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

5960 SEASIDE DR.

3. Mailing Address

5960 SEASIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

NEW PORT RICHEY

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO

4. FEI Number

59-3488148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BELCHER, WILLIAM D JR

4016 RUDDER WAY

NEW PORT RICHEY FL 34652

*ADDRESS
 CHANGE
 ONLY →*

7. Name and Address of New Registered Agent

Name **WILLIAM D. BELCHER JR.**

Street Address (P.O. Box Number is Not Acceptable)

5960 SEASIDE DR

City

NEW PORT RICHEY

FL

Zip Code

34652

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 \$150.00
 After May 1, 2002 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 **PVST** ☐ Delete
 NAME **BELCHER, JILANNE**
 STREET ADDRESS **4016 RUDDER WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ Delete
 NAME **BELCHER, JILANNE**
 STREET ADDRESS **4016 RUDDER WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ Delete
 NAME **BELCHER, WILLIAM D JR**
 STREET ADDRESS **4016 RUDDER WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~WILLIAM D. BELCHER JR.~~ ☒ Change ☐ Addition
 NAME **BELCHER, JILANNE**
 STREET ADDRESS **5960 SEASIDE DR.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ~~WILLIAM D. BELCHER JR.~~ ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~WILLIAM D. BELCHER JR.~~ ☒ Change ☐ Addition
 NAME **WILLIAM D. JR**
 STREET ADDRESS **5960 SEASIDE DR**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

WILLIAM D. BELCHER JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

727-844-5747

Daytime Phone #

CR2E034 (9/01)