

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 26 PM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000091844**

1. Entity Name

LOUIS LIU INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3556 TAMiami TRAIL

3. Mailing Address

102 FREE COURT SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT CHARLOTTE FLORIDA

City & State

City & State

PORT CHARLOTTE FL

4. FEI Number

65-0881694

Applied For

Not Applicable

Zip

33952

Country

CHARLOTTE

Zip

33952

Country

CHARLOTTE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOUIS LIU

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

102 FREE COURT SE

City

PORT CHARLOTTE

FL

Zip Code

33952

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LOUIS LIU - PRESIDENT
102 FREE COURT SE
PORT CHARLOTTE FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800021277388
07/02/03--01062--013 **550.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Louis Liu **LOUIS LIU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/03

Date

941-456-4593

Daytime Phone #

CR2E034B (12/02)