

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101282

1. Entity Name
LIQUID BLUE HEAVEN, INC.

Principal Place of Business

417 2ND AVE
MELBOURNE FL 32951

Mailing Address

417 2ND AVE
MELBOURNE FL 32951

2. Principal Place of Business

307 A AVE

3. Mailing Address

307 A AVE

Suite, Apt. #, etc.

APT B

City & State

MELBOURNE BEACH, FL

City & State

MELBOURNE BEACH, FL

Zip

32951

Country

6. Name and Address of Current Registered Agent

STEWART, STEPHEN
417 2ND AVE
MELBOURNE FL 32951

Name

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

307 A AVE APT B
City MELBOURNE BEACH FL Zip Code 32951

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STEWART, STEPHEN 417 2ND AVE MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JANIE 417 2ND AVE MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another title empowered.



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90043 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3555733	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

CR2E034 (9/01)

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Name

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

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