

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000047563****1. Entity Name**
LIQUID IQ, INC.**Principal Place of Business**

2831-A N.W. 41 STREET

GAINESVILLE
32606

FL

Mailing Address

2831-A N.W. 41 STREET

GAINESVILLE
32606

FL

2. Principal Place of Business

2831-A N.W. 41 STREET

3. Mailing Address

2831-A N.W. 41 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE

FL

City & State

GAINESVILLE

FL

4. FEI Number**59-3575522****Applied For****Not Applicable**Zip
32606Country
USZip
32606Country
US**5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RUBY KELLY V
5640 N.W. 43 RD.GAINESVILLE
32606

FL

7. Name and Address of New Registered Agent**Name**

RUBY KELLY V

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

5640 N.W. 43 RD.

City
GAINESVILLE

FL

Zip Code
32606**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)

02/09/2000

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**T.TLE ☐ Change ☒ Addition
NAME
P/S
RUBY KELLY V
STREET ADDRESS
5640 NW 43 ROAD
CITY-ST-ZIP
GAINESVILLE FL 32606T.TLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TLE ☐ 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:** Ruby V. Kelly

02/09/2000