

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000047833**

1. Entity Name

**FAST-ACTION LIQUIDATORS, INC.**

Principal Place of Business

Mailing Address

17138 RAVENS ROOST #4 FORT MYERS, FL 33908 17138 RAVENS ROOST #4 FORT MYERS, FL 33908

FILED

01 APR 27 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6077 HIGHWOOD PARK CT

3. Mailing Address

6077 HIGHWOOD PARK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

31-1655227

Applied For

Not Applicable

Zip

Country

34110

USA

Zip

Country

34110

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

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

City

FL

Zip Code

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, 2001 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 D  
NAME STRICKLAND, KENNETH R.  
STREET ADDRESS 6077 HIGHWOOD PARK CT  
CITY - ST - ZIP NAPLES, FL 34110-2378 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 600004136346-0  
STREET ADDRESS -05/04/01--01057--003  
CITY - ST - ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ Change ☐ Addition  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

941-596-0993

Daytime Phone #