

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063378

1. Entity Name

LIQUIDYNE, INC.

Principal Place of Business

255 SOUTH ORANGE AVENUE, SIXTH FLOOR  
ORLANDO FL 32801

Mailing Address

P O BOX 1511  
ORLANDO FL 32802

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3587890

Applied For

Not Applicable

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

PINO, LAURENCE J  
255 SOUTH ORANGE AVENUE  
SIXTH FLOOR  
ORLANDO FL 32802

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DPT  
STREET ADDRESS PINO, LAURENCE J  
CITY-ST-ZIP 255 SOUTH ORANGE AVENUE, SIXTH FLOOR  
ORLANDO FL 32801

TITLE ☒ Change ☐ Addition  
NAME D/P  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS WILSON, PATRICIA T  
CITY-ST-ZIP 255 SOUTH ORANGE AVENUE, SIXTH FLOOR  
ORLANDO FL 32801

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WASSELL, JAMES T  
CITY-ST-ZIP 255 SOUTH ORANGE AVENUE, SIXTH FLOOR  
ORLANDO FL 32801

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STROBEL, DAVID L  
CITY-ST-ZIP 255 SOUTH ORANGE AVENUE, SIXTH FLOOR  
ORLANDO FL 32801

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Quinn, Wanda  
STREET ADDRESS 255 S. Orange Ave., 6th Floor  
CITY-ST-ZIP Orlando, FL 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Wimble, William  
STREET ADDRESS 255 S. Orange Ave., 6th Floor  
CITY-ST-ZIP Orlando, FL 32801

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

Date

Daytime Phone #

Laurence J. Pino 4/11/01

CR2E034 (10/00)