

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90476 034 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PINO, LAURENCE J	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SIXTH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, PATRICIA T	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SIXTH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASSELL, JAMES T	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SIXTH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROBEL, DAVID L	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SIXTH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	<input type="checkbox"/> Delete
NAME	QUINN, WANDA	
STREET ADDRESS	255 S. ORANGE AVE., 6TH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMBLE, WILLIAM	
STREET ADDRESS	255 S. ORANGE AVE., 6TH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Laurence J. Pino 4-9-02 407-206-6513
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E034 (9/01)