

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

03-28-2003 90104 025 ***150.00

DOCUMENT # P02000129928



1. Entity Name
2 LIVE WELL, INC.

Principal Place of Business
**8200 SUNRISE LAKES BOULEVARD
BUILDING 58, APT. 201
SUNRISE FL**

Mailing Address
**8200 SUNRISE LAKES BOULEVARD
BUILDING 58, APT. 201
SUNRISE FL**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

51-0439389

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FERRARO, FRANK A CPA
3601 SE OCEAN BLVD., SUITE 005
STUART FL 34996**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mrs. Ann Romano

3-3-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
ROMANO, ANN
8200 SUNRISE LAKES BOULEVARD
SUNRISE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ROMANO, ANN
8200 SUNRISE LAKES BOULEVARD
SUNRISE FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
Jennifer Snyder
839 NANCY WAY
WESTFIELD NJ 07090** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Ron Snyder
839 NANCY WAY
WESTFIELD, NJ 07090** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mrs. Ann Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03

Date

Daytime Phone #

**954
741-1036**

CR2E034 (10/02)