

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 328058**1. Entity Name ~
LIVECO, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90306 028 ***150.00

Principal Place of Business

**2500 BRICKELL AVENUE
MIAMI FLA 33129
US**

Mailing Address

**3380 FAIRLANE FARMS ROAD
SUITE 1
WELLINGTON FL 33414**

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

59-1204591

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****LEEMAN, CHARLES L III
3380 FAIRLANE FARMS RD
STE 1
WELLINGTON FL 33414**

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	VD	<input type="checkbox"/> Delete
NAME	LEEMON, C L	
STREET ADDRESS	533 FINGER HILL ROAD	
CITY-ST-ZIP	MARISSA IL 62257	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEEMON, LINDA	
STREET ADDRESS	15850 BRITTEN LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEEMON, C L III	
STREET ADDRESS	15850 BRITTEN LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Linda Leemon **LINDA LEEMON**

1/25/01

561-753-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)