

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90153 023 ***150.00

DOCUMENT # 626674

1. Entity Name
LIVE ROYALLY, INC.



Principal Place of Business
**433 NE 24 AVE
POMPANO BEACH FL 33062
US**

Mailing Address
**433 NE 24 AVE
POMAPNO BEACH FL 33062
US**



2. Principal Place of Business
515 JASMINE LANE

Suite, Apt. #, etc.

3. Mailing Address
515 JASMINE LANE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BCH. FL.

City & State
DEERFIELD BCH. FL.

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
33442

Country
U.S.A.

Zip
33442

Country
U.S.A.

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

**JOSEY, JACK L
433 NE 24 AVE
POMPANO BEACH FL 33062**

Name
JACK L. JOSEY

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

City
DEERFIELD BCH. FL 33442

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 *Jack L. Josey*
Signature, typed or printed name of registered agent and title, applicable.

JACK L. JOSEY

3/30/03

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JOSEY, JACK L.
433 NE 24 AVE
POMPANO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D.
JACK L. JOSEY
515 JASMINE LANE
DEERFIELD BCH. FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Jack L. Josey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03

Date

954-875-8387

Daytime Phone #

CR2E034 (10/02)