

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90017 019 ***150.00

DOCUMENT # 696337

1. Entity Name

ELMER W. LIVINGSTON, INC.

Principal Place of Business

**3100 S. ATLANTIC AVE., #103
 COCOA BEACH FL 32931
 US**

Mailing Address

**3100 S. ATLANTIC AVE
 #103
 COCOA BEACH FL 32931
 US**

2. Principal Place of Business

COCOA BEACH FL.

3. Mailing Address

3100 So. ATLANTIC AVE

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

City & State

COCOA Bch, FL

City & State

COCOA Bch FL

Zip

32931

Country

BREVARD

Zip

32931

Country

BREVARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIVINGSTON, ELMER W
 3100 S. ATLANTIC AVE., #103
 COCOA BEACH FL 32931**

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

Elmer W Livingston

(NOTE: Registered Agent signature required when reinstating)

Apr 10, 2001

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	DP	<input type="checkbox"/> Delete
NAME	LIVINGSTON, ELMER W	
STREET ADDRESS	3100 S ATLANTIC AVENUE #103	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

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

Elmer W Livingston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2001

Date

321 783-4182

Daytime Phone #

CR2E034 (10/00)