

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47780

1. Entity Name

EDWARD M. LIVINGSTON, P.A.

Principal Place of Business

628 ELLEN DR  
P.O BOX 1599  
WINTER PARK FL 32790  
US

Mailing Address

628 ELLEN DR  
P.O BOX 1599  
WINTER PARK FL 32790  
US

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 59-2127358

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

LIVINGSTON, EDWARD M  
628 ELLEN DR  
WINTER PARK FL 32789

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD LIVINGSTON, EDWARD M 628 ELLEN DRIVE WINTER PARK FL 32789			
S LIVINGSTON, DIANNE M 628 ELLEN DR WINTER PARK FL 32789			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
EDWARD M. LIVINGSTON, President

2/7/01

Date

(407) 629-4545

Daytime Phone #

FILED  
Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90007 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)