

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90191 026 ****50.00

DOCUMENT # L00000012844

1. Entity Name

LIVELY & ALJEWICZ, L.L.C.

Principal Place of Business

**2001 PALM BEACH LAKES BLVD., STE. 208
 WEST PALM BEACH FL 33409**

Mailing Address

**2001 PALM BEACH LAKES BLVD., STE. 208
 WEST PALM BEACH FL 33409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6801 LAKE WORTH RD
 Suite, Apt. #, etc. #336**

3. Mailing Address

**6801 LAKE WORTH RD
 Suite, Apt. #, etc. #336**

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-1049666

Applied For

Not Applicable

Zip

33467

Country

Zip

33467

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PURVIS LIVELY, CATHY L
 2001 PALM BEACH LAKES BLVD #208
 WEST PALM BEACH FL 33409**

Name

Cathy L Purvis Lively

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

6801 LAKE WORTH RD

#336

City

LAKE WORTH

FL

Zip Code

33467

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING OPERATING MANAGER** ☐ Delete
 NAME **PURVIS LIVELY, CATHY L**
 STREET ADDRESS **2001 PALM BEACH LAKES BLVD #603**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☒ Change ☐ Addition
 NAME **6801 LAKE WORTH RD #336**
 STREET ADDRESS **LAKE WORTH FL 33467**
 CITY-ST-ZIP

TITLE **MANAGING VICE OPERATING MANAGER** ☐ Delete
 NAME **ALJEWICZ, SARA A**
 STREET ADDRESS **2001 PALM BEACH LAKES BLVD #603**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☒ Change ☐ Addition
 NAME **6801 LAKE WORTH RD #336**
 STREET ADDRESS **LAKE WORTH FL 33467**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/02 501-604-2204

CR2E083 (9/01)