

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90308 005 ***150.00

DOCUMENT # P00000000734

1. Entity Name

GAVIN LIVOTI ENTERPRISE, INC.

Principal Place of Business

**4324 SOUTH OCEAN BLVD. SUITE D
 HIGHLAND BEACH FL 33487**

Mailing Address-

**4324 SOUTH OCEAN BLVD. SUITE D
 HIGHLAND BEACH FL 33487**



2. Principal Place of Business

4118 South Ocean Blvd

3. Mailing Address-

4118 South Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Highland Beach FL

City & State

Highland Beach FL

4. FEI Number

65-0970631

Applied For

Not Applicable

Zip

33487

County

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVOTI, GAVIN

**4324 SOUTH OCEAN BLVD. SUITE D
 HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent

Name

Livoti, Gavin

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

4118 South Ocean Blvd Suite 1

City

Highland Beach

FL

Zip Code

33487

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LIVOTI, GAVIN	
STREET ADDRESS	4324 SOUTH OCEAN BLVD. SUITE D	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	A/UP/T/SD/K	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Livoti, Gavin	
STREET ADDRESS	4118 South Ocean Blvd. Suite 1	
CITY-ST-ZIP	Highland Beach, FL. 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

501-276-7358

Date

Daytime Phone #

CR2E034 (9/01)