5/6/2002-90163-0(

FILED
Jul 22, 2002 8:00 am
Secretary of State
05-06-2002 90163 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028430

1. Entity Name
C. LIVELY, INC.

Principal Place of Business	Mailing Address
190 HIDDEN HILLS DRIVE ORMOND BEACH FL 32174	190 HIDDEN HILLS DRIVE ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4174 Central Sarasota Pkwy	4174 Central Sarasota Pkwy
Suite, Apt. #, etc. #225	Suite, Apt. #, etc. #225
City & State: Sarasota, FL	City & State: Sarasota, FL.
Zip: 34238 Country: USA	Zip: 34238 Country: USA

4. FEI Number: 65-1140286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name: J. Doyle Tumbleson
Street Address (P.O. Box Number is Not Acceptable): 150 South Palmetto Ave., Box A
City: Daytona Bch, FL Zip Code: 32114

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] 7/16/02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SCHAD, CAROL S 190 HIDDEN HILLS DRIVE ORMOND BEACH FL 32174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #