

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059633

1. Entity Name
LIVINGSTON TREASURES, INC.



FILED

04 JUL -7 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1751 E NINE MILE RD
STE 5
PENSACOLA FL 32514

Mailing Address
2350 HWY 97 NORTH
MOLINO FL 32577

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3730796

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, JACK E
2350 HWY 97 NORTH
MOLINO FL 32577

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jack E Livingston PRESIDENT JACK E. LIVINGSTON 7-2-04
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, JACK E	
STREET ADDRESS	2350 HWY 97 NORTH	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, LINDA	
STREET ADDRESS	2350 HWY 97 NORTH	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack E Livingston RETURNED JACK E. LIVINGSTON 7-2-04 850 478-6854
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)