


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91292 038 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000065740	
1. Entity Name Liva Corporation	

DO NOT WRITE IN THIS SPACE

11023674

2. Principal Place of Business 120 Charlotte Street Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State St. Augustine, FL	City & State	4. FEI Number 59-3734202	Applied For <input type="checkbox"/> Not Applicable
Zip 32084	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

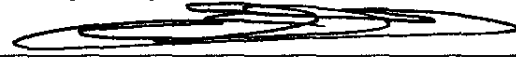
Name
Charles E. Hall, PhD
Street Address (P.O. Box Number is Not Acceptable)

77 Almeria Street

City St. Augustine **FL** **Zip Code** 32084

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



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE PD	Cutter, Leonard O. 120 Charlotte Street St. Augustine, FL 32084
TITLE VD	Cutter, Matthew J. 120 Charlotte Street St. Augustine, FL 32084
TITLE SD	Cutter, Sonya D. 120 Charlotte Street St. Augustine, FL 32084
TITLE TD	Cutter, Mark A. 120 Charlotte Street St. Augustine, FL 32084
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonya D. Cutter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

904 829 0818

Daytime Phone #

CR2E034B (12/02)