

2002 UNIFORM BUSINESS REPORT (UBR)

3/14

FILED
Jul 08, 2002 8:00 am
Secretary of State

03-15-2002 90023 040 ***150.00

DOCUMENT # **P01000079520**

1. Entity Name
LIVEWIRE SOFTWARE SYSTEMS, INC.

Principal Place of Business
**4245 SEABREEZE DRIVE
 JACKSONVILLE FL 32250**

Mailing Address
**4245 SEABREEZE DRIVE
 JACKSONVILLE FL 32250**

38001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3742913

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FARR, THOMAS P
 4245 SEABREEZE DRIVE
 JACKSONVILLE FL 32250**

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.

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. *Pres, Sec Treasurer* OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
Thomas P. Farr
 STREET ADDRESS **4245 Seabreeze Dr.**
 CITY-ST-ZIP **Jacksonville, FL 32250**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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, and all other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas P. Farr

Date

3/6/02

Daytime Phone #

215 592-1857

CR2E034 (9/01)



Attachment

38001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 20, 2002

LIVEWIRE SOFTWARE SYSTEMS, INC.
4245 SEABREEZE DRIVE
JACKSONVILLE, FL 32250

Subject: **LIVEWIRE SOFTWARE SYSTEMS, INC.**

Reference Number: P01000079520

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/kj
ANNUAL REPORTS SECTION

