

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG -5 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081559

1. Entity Name
LIVING QUARTERS, INC.



Principal Place of Business
4763 SILVER HERON DR
MELBOURNE, FL 32934

Mailing Address
4763 SILVER HERON DR
MELBOURNE, FL 32934



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3744143

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

FADDEN, LORRAINE M
4763 SILVER HERON DR
MELBOURNE, FL 32934

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$180.00

After May 1, 2003 Fee will be \$560.00

Amended UBR is \$81.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME FADDEN, LORRAINE M
STREET ADDRESS 4763 SILVER HERON DRIVE
CITY-ST-ZIP MELBOURNE, FL 32934 ☒ Delete

TITLE
NAME 10002206531
STREET ADDRESS 08/05/03--01029--003
CITY-ST-ZIP **61.25 ☐ Change ☐ Addition

TITLE VPT
NAME STRONG, MICHAEL G
STREET ADDRESS 4845 W. MOORHEAD CIRCLE
CITY-ST-ZIP BOULDER, CO 80305 ☐ Delete

TITLE P VP T
NAME STRONG, MICHAEL G
STREET ADDRESS 4845 MOORHEAD CIRCLE
CITY-ST-ZIP BOULDER, CO 80305 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME DAVID L TOY
STREET ADDRESS 1294 CROW WAY UNIT 214
CITY-ST-ZIP CASSELBERRY, FL 32707 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael G. Strong

Date

Daytime Phone #

01 Aug 03

321-733-4766
321-259-2956

CR20034 (10/02)

2/8/15