2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P02000096415



FILED Apr 22, 2003 8:00 am Secretary of State

1. Entity Nam LIVINGST			04-22-2003 90064 010 ***150.00					
Principal Place of Business 20 N. ORANGE AVENUE 20 N. ORANGE SUITE 1107 ORLANDO FL 32801 Mailing Addres 20 N. ORANGE SUITE 1107 ORLANDO FL 32801 ORLANDO FL 32801			RANGE AVENUE 107					
2. Principal Place of Business		3. Mailing Address				i 18851881 (11 501/6 1181) upahi 50(1) 06(1) 66(1)	AIRA AIRII BIBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FE	Number 5 2 8 5 5 7	<u>i</u>	oplied For ot Applicable	
Zip	Country	Zip	Coun	ntry	5. Ce		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	F 1		7. Na	me and Address of New Registered A	gent	
				Name				
LIVINGSTON, CRAIG R 20 N. ORANGE AVENUE				Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
SUITE 110								
ORLANDO FL 32801				City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	r the purpose of chang	ging its register	ed office or regi	stered ager	nt, or both, in the State of Florida. I am f	amiliar with,	and accept
1	-							1
SIGNATURE _		····						
	Signature, typed or printed name of registered agent	and title if applicable.	(NQTE: Registere	ed Agent signature rec	uired when reins	stating) DATE		1
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature rec	quired when reins	stating) DATE		
FI After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		(NOTE: Registere	ed Agent signature rec	quired when reins	9. Election Campaign Financing Trust Fund Contribution. DATE DATE		00 May Be
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12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JUIFBARRY D. ROBERTSON

407.206.7222