

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

DOCUMENT # P93000016388

1. Entity Name

LIVING Well Publications, INC.



FILED

05 JAN -6 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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05

2. Principal Place of Business

5103 SAN JUAN AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 24155

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3168618

Applied For

Not Applicable

Zip

32210

Country

Duval

Zip

32241

Country

Duval

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Trudy Pascucci

Street Address (P.O. Box Number is Not Acceptable)

5103 SAN JUAN AVE.

City

JACKSONVILLE

FL

Zip Code

32210

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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

Trudy Pascucci

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12/2/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Trudy Pascucci
5103 SAN JUAN AVE.
JACKSONVILLE, FL. 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Trudy Pascucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/04

(904)

631-1662

CR2E034B (12/02)


Living Well Publications, Inc.

2082
Post Office Box 24155
Jacksonville, FL 32241
(904) 260-4996
Fax: (904) 262-3062
Cell: (904) 631-1662

January 3, 2005

Ref. Number: P93000016380
Living Well Publications, Inc.

Letter Number: 104A00068135

To Whom It May Concern:

Please apply the \$150 sent to your office in December 2004, for our 2005
UBR filing report payment.

The form is attached with other documentation.

Thanking you in advance,
Trudy Pascucci

