


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

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90068 005 ***150.00

DOCUMENT # <u>P93000016380</u>	
1. Entity Name <u>Living Well Publications, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5103 San Juan Ave.</u>		3. Mailing Address <u>P.O. Box 24155</u>	
Suite, Apt. #, etc. <u> </u>		Suite, Apt. #, etc. <u> </u>	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32210</u>	Country <u>Duval</u>	Zip <u>32241</u>	Country <u>Duval</u>

60009708

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3168618</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name <u>Trudy Pascucci</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>5103 San Juan Ave</u>		
City <u>Jacksonville</u>		State <u>FL</u> Zip Code <u>32210</u>

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Trudy Pascucci, President</u> <u>5103 San Juan Ave</u> <u>Jacksonville, FL 32210</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Trudy Pascucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

Date

(904)

631-1662

Daytime Phone #

CR2E034B (12/02)