

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90099 039 \*\*\*150.00

0122198  
AT

**DOCUMENT # P93000016380**

1. Entity Name  
**LIVING WELL PUBLICATIONS, INC.**



Principal Place of Business  
**11047 PEPPERMILL LANE  
JACKSONVILLE FL 32257**

Mailing Address  
**P O BOX 24155  
JACKSONVILLE FL 32241  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3168618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASCUCCI, TRUDY  
11047 PEPPERMILL LANE  
JACKSONVILLE FL 32257**

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

*Trudy Pascucci*

**8/19/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **D** ☐ Delete  
NAME **PASCUCCI, TRUDY**  
STREET ADDRESS **11047 PEPPERMILL LANE**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/19/03**

Date

Daytime Phone #

**(904) 260-4996**

CR2E034 (4/03)

  
Living Well Publications, Inc.

Attachment # P93000016380

80140861

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

August 19, 2003

To: Division of Corporations  
UBR Filing  
P O Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I recently received my UBR Filing notice which indicated a fee of \$550.  
I contacted your office via e-mail and telephone this date requesting that the "late" fee be waived because I never received the initial notification which you were to have sent out the first of the year.

I have enclosed a check for \$150 (which is my usual fee charge) in hopes that you will waive the late fee because I did not receive it in the mail.

I have placed the UBR Filing information in my January 2004 calendar in the hopes that should I not receive the notification on a timely basis, that I will have a document to submit payment.

Thanking you in advance for your consideration.  
Document and check enclosed.

Sincerely,

  
Trudy Pascucci