

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026652

1. Entity Name

LIVINGSTON, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90025 012 ***150.00

Principal Place of Business

2107 AUTUMN LEAF LANE
WINTER HAVEN FL 33884

Mailing Address

2107 AUTUMN LEAF LANE
WINTER HAVEN FL 33884-1819

720 SANTA MARIA DR.
WH, FL. 338

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

59-3505497

Applied For

Not Applicable

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

LIVINGSTON, SARAH
720 SANTA MARIA DR.
WINTER HAVEN FL 33884

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.

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

SARAH LIVINGSTON VP
(NOTE: Registered Agent signature required when reinstating)

VP

1-15-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS LIVINGSTON, DARRELL J
CITY-ST-ZIP 720 SANTA MARIA DR.
WINTER HAVEN FL 33884

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS LIVINGSTON, SARAH
CITY-ST-ZIP 720 SANTA MARIA DR.
WINTER HAVEN FL 33884

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sarah Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00
Date

863-293-9275
Daytime Phone #

CR2E034 (9/99)