

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026652

1. Entity Name
LIVINGSTON, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90155 038 ***150.00

Principal Place of Business

Mailing Address

2107 AUTUMN LEAF LANE
WINTER HAVEN FL 33884

720 SANTA MARIA DR
WINTER HAVEN FL 33884

508 Cypress Garden Blvd
WH, FL 33880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

508 Cypress Gardens Blvd.

720 SANTA MARIA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WH, FL 33880

WH, FL 33884

City & State

City & State

4. FEI Number 59-3505497

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	LIVINGSTON, DARRELL J	
STREET ADDRESS	720 SANTA MARIA DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIVINGSTON, SARAH	
STREET ADDRESS	720 SANTA MARIA DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah Livingston SARAH LIVINGSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-293-9275

Daytime Phone #

CR2E034 (10/00)