

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051217

1. Entity Name

LIVING SOLUTIONS, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90082 044 \*\*\*150.00

Principal Place of Business

3408 DAYLILY LANE  
TALLAHASSEE FL 32308

Mailing Address

2792 MCFARLANE COURT  
TALLAHASSEE FL 32303

2. Principal Place of Business

2792 MCFARLANE CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32303

Country

US

Zip

Country

4. FEI Number

59-3520841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PRATER, KIMBERLY  
3408 DAYLILY LANE  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

PRATER, ANITA

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

2792 MCFARLANE COURT

City

TALLAHASSEE

FL

Zip Code

32303

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

4-14-2001

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

TITLE **P** ☐ Delete  
NAME **PRATER, ANITA**  
STREET ADDRESS **2792 MCFARLANE COURT**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **V** ☐ Delete  
NAME **PRATER, ROBERT**  
STREET ADDRESS **3408 DAYLILY LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition  
NAME **PRATER, ANITA**  
STREET ADDRESS **2792 MCFARLANE CT**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **V** ☒ Change ☐ Addition  
NAME **PRATER, ROBERT**  
STREET ADDRESS **2202 TANGLEWOOD TERRACE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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

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

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

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)(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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANITA PRATER, PRESIDENT 4/14/01 850-562-2208

Date

Daytime Phone #

CR2E034 (10/00)