

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
 03-07-2002 90005 004 ***150.00

DOCUMENT # P98000072342

1. Entity Name
LIVE WIRE ADVERTISING COMPANY

Principal Place of Business
102 NE 2ND STREET
SUITE 264
BOCA RATON FL 33432

Mailing Address
102 NE 2ND STREET
SUITE 264
BOCA RATON FL 33432

2. Principal Place of Business
7428 N Citation Dr.
 Suite, Apt. #, etc.
Apt 104
 City & State
Delray Beach, FL
 Zip
33445 Country
USA

3. Mailing Address
14545-J Military Trail
 Suite, Apt. #, etc.
124
 City & State
Delray Beach, FL
 Zip
33484 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0864286** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
REIZISS, BRIAN G
102 NE 2ND STREET
SUITE 264
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name **Reiziss, Brian G**
 Street Address (P.O. Box Number is Not Acceptable)
7428 N. Citation Dr. Apt 104
 City **Delray Beach** FL Zip Code **33445**

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 **Brian G Reiziss** **POTS** **2/21/02**
 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, 2002 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	POTS	<input type="checkbox"/> Delete	TITLE	POTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIZISS, BRIAN		NAME	Reiziss, Brian G	
STREET ADDRESS	102 NE 2ND ST STE 264		STREET ADDRESS	7428 N Citation Dr. Apt 104	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Brian G Reiziss** **2/21/02** **861 496 7925**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)