

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90128 042 \*\*\*150.00



**DOCUMENT #** P99000037974

**1. Entity Name**  
**KL LIVINGSTON, INC.**

<b>Principal Place of Business</b> 658 SW MILLARD DR PORT SAINT LUCIE FL 34953 US	<b>Mailing Address</b> 658 SW MILLARD DR PORT SAINT LUCIE FL 34953 US
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<b>2. Principal Place of Business</b> VARIES	<b>3. Mailing Address</b> C58 SW MILLARD DR
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<b>City &amp; State</b> PS FL	<b>City &amp; State</b> PORT ST LUCIE, FL
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<b>Zip</b> 34953	<b>Country</b> FLORIDA	<b>Zip</b> 34953	<b>Country</b> FLORIDA
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

LIVINGSTON, LAURA J.  
 658 SW MILLARD DR  
 PORT SAINT LUCIE, FL 34953

**4. FEI Number** 65-0916423

**Applied For**  
☐ Not Applicable

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

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> P	<b>NAME</b> LIVINGSTON, KEITH A	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 658 SW MILLARD DR		
<b>CITY-ST-ZIP</b> PORT SAINT LUCIE FL 34953		
<b>TITLE</b> VP	<b>NAME</b> LIVINGSTON, LAURA J.	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 658 SW MILLARD DR		
<b>CITY-ST-ZIP</b> PORT SAINT LUCIE FL 34953		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Laura Livingston **LAURA LIVINGSTON** 4-11-02 1-772-336-0351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)