2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 28, 2000 8:00 am Secretary of State **DOCUMENT # V61857** LIVELY PROPERTIES, INC. 02-28-2000 90069 007 ***150.00 Mailing Address Principal Place of Business 201 COUNTY RD. COUNTY RD. PINE KEY FL 33043 BIG PINE KEY FL 33043-4828 814994 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0358113 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIVELY ALTON-J Street Address (P.O. Box Number is Not Acceptable) 201 COUNTY ROAD **BIG PINE KEY FL 33043** Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition PD ☐ Delete TITLE NAME LIVELY, ALTON J. STREET ADDRESS STREET ADDRESS 201 COUNTY RD. CITY-ST-ZIP CITY-ST-ZIP **BIG PINE KEY FL 33043** Addition ☐ Delete TITLE NAME LIVELY, BETTY J. STREET ADDRESS STREET ADDRESS 201 COUNTY RD. CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Addition TITLE UD □ Delete NAME NAME LIVELY, DAVID STREET ADDRESS STREET ADDRESS 201 COUNTY RD. CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL □ Addition ☐ Delete TITLE TITLE らアカ NAME NAME WOLFE, KAREN STREET ADDRESS STREET ADDRESS 201 COUNTY RD. CITY-ST-7IP CITY-ST-ZIP BIG PINE KEY FL 33043 Change [] Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS 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 secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all after

ING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034