

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672181

1. Entity Name

LIFE ENHANCING PRODUCTS, INC.

Principal Place of Business

Mailing Address

615 W ALLEN AVE
SAN DIMAS CA 91773
US

615 W ALLEN AVE
SAN DIMAS CA 91773-1447
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILAM, STEPHEN
1992 LARKWOOD DR.
APOPKA FL 32703

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILAM, LARRY 615 W ALLEN AVE SAN DIMAS CA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'BRIEN, DEBBIE P O BOX 3300 SAN DIMAS CA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILAM, STEPHEN 1992 LARKWOOD DR. APOPKA FL 32703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90163 023 ***150.00

B0016328



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4264631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required