(9/01)

CR2E034

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am DOCUMENT # F01000000354 **Secretary of State** 1. Entity Name ORGANIZED LIVING, INC. 06-03-2002 91188 039 ***550 Principal Place of Business Mailing Address 9851 LACKMAN ROAD 9851 LACKMAN ROAD TOOPSTOO LENEXA KS 66219 LENEXA KS 66219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 48-0999142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME Ligara C. Raymundo FERREL, MARK C NAME STREET ADDRESS 9851 LACKMAN ROAD 9851 Lackman Boad STREET ADDRESS CITY-ST-ZIP LENEXA KS 66219 CITY-ST-ZIP enexa KS 66219 TITLE □ Delete TITLE ☐ Change Addition NAME NUGENT, THOMAS D NAME Ken Norton STREET ADDRESS 9851 LACKMAN ROAD 9851 Lackman Road STREET ADDRESS CITY-ST-ZIP LENEXA KS 66219 CITY-ST-ZIP Delete TITLE __ Change Addition. Cavol Spencer. GOTH, ELAINE D NAME STREET ADDRESS 9851 LACKMAN ROAD 9851 Lackman Road STREET ADDRESS CITY-ST-ZIP <u>Lenexa</u> KS 66219 CITY-ST-ZIP eneva TITLE CD ☐ Delete TITLE ☐ Change Addition NAME STEGALL, RONALD G NAME Lackman Road STREET ADDRESS 9851 LACKMAN ROAD STREET ADDRESS CITY-ST-ZIP LENEXA KS 66219 CITY-ST-ZIP TITLE D Delete TITLE Change Addition NAME THOMAS, HOWARD NAME STREET ADDRESS 9851 LACKMAN ROAD STREET ADDRESS CITY-ST-7IP LENEXA KS 66219 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MARMADUKE, JOHN NAME STREET ADDRESS 9851 LACKMAN ROAD STREET ADDRESS CITY-ST-ZIP LENEXA KS 66219

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

CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR