

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90047 007 ****61.25

DOCUMENT # N48961

1. Entity Name

DESIGN YOUR LIFE, INC.

Principal Place of Business	Mailing Address
8639 EAGLE RUN DR SUITE 12 BOCA RATON FL 33434 US	8639 EAGLE RUN DR SUITE 12 BOCA RATON FL 33434-5439 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0406062	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSAN CORBETT
8639 EAGLE RUN DR
SUITE 12
BOCA RATON FL 33434

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CORBETT, SUSAN
STREET ADDRESS	8639 EAGLE RUN DR, SUITE 12
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete
NAME	BERTSCH, ROBERT
STREET ADDRESS	224 DATURA ST. # 301
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	LAIRD, JOYCE
STREET ADDRESS	1201 AUSTRALIAN AVE.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	SHENKMAN, THEA
STREET ADDRESS	3450 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D <input type="checkbox"/> Delete
NAME	TANCER, SUSAN
STREET ADDRESS	339B ROYAL POINCIANA PLAZA
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Corbett 2/22/2000 561 883 1784
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)