

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000002754**

1. Entity Name

ACCESS TO LIFE INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90039 015 ****70.00

Principal Place of Business 12708 BRUCE B. DOWNS BLVD SUITE 119 TAMPA FL 33612	Mailing Address 12708 BRUCE B. DOWNS BLVD SUITE 119 TAMPA FL 33612-4747
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FL
DE HUIJTER, LINDA
 12708 BRUCE B DOWNS BLVD APT 119
 TAMPA FL 33612

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 _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE HUIJTER, LINDA	
STREET ADDRESS	12708 BRUCE B DOWNS BLVD, APT 119	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, SHELLY	
STREET ADDRESS	1819 TARAH TRACE DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HORVATH, DOT	
STREET ADDRESS	6922 WOODMAN DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROSSI, JOHN	
STREET ADDRESS	1538 JOYNER DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GARRY, BRYAN	
STREET ADDRESS	4701 N HINSO AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	IL	<input type="checkbox"/> Delete
NAME	DELLA VALLE, MICHAEL	
STREET ADDRESS	6893 ROBLE WAY	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	de Fluiter Linda	
STREET ADDRESS	12708 Bruce B Downs Blvd. Apt 119	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Misty Good	
STREET ADDRESS	954 Fern Ridge Rd	
CITY-ST-ZIP	Virginia Beach, VA 23452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IL & IL della Valle, Michael	
STREET ADDRESS	6893 Roble Way	
CITY-ST-ZIP	Port Richey FL 34668	

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: Linda de Fluiter **Linda de Fluiter Pres. 3 Jan 00** 813 978 9267
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)