

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90148 013 ***150.00

013114 AV

DOCUMENT # **P02000065090**

1. Entity Name
ALTER YOUR LIFE PATTERNS, INC.



Principal Place of Business
**1901 REDWOOD AVE
MELBOURNE BEACH FL 32951**

Mailing Address
**PO BOX 510277
MELBOURNE BEACH FL 32951-0277**



2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-2048399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELLISON, SUZANNE J
6850 N US 1 #5307
COCOA FL 32927**

7. Name and Address of New Registered Agent

Name

SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Suzanne J Ellison

3/30/03

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO + Treasurer** Delete
NAME **Suzanne Ellison**
STREET ADDRESS **6850 N US 1 #5307**
CITY-ST-ZIP **Cocoa, FL 32927**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President + Secretary** Delete
NAME **Claudia Barden**
STREET ADDRESS **1901 Redwood Ave.**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 607, 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: *Suzanne J Ellison*

3/30/03

321-631-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)