

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90074 050 \*\*\*\*61.25

**DOCUMENT # N98000002754**

1. Entry Name  
**ACCESS TO LIFE INC.**

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

2. Principal Place of Business

12708 Bruce B Downs Suite 119

Suite, Apt. #, etc.

Tampa FL

City & State

33612

Zip

Country

USA

3. Mailing Address

12708 Bruce B Downs Blvd

Suite, Apt. #, etc.

Suite 119

City & State

Tampa FL

Zip

33612

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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

*Linda de Huiter*

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

(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

TITLE PD ☒ Delete  
 NAME DE HUIITER, LINDA  
 STREET ADDRESS 12708 BRUCE B DOWNS BLVD, APT 119  
 CITY-ST-ZIP TAMPA FL 33612

TITLE PD ☒ Delete  
 NAME DE FLUITER, LINDA  
 STREET ADDRESS 12708 BRUCE B DOWNS BLVD. APT 118  
 CITY-ST-ZIP TAMPA FL 33612

TITLE SD ☐ Delete  
 NAME MISTY, CAROL  
 STREET ADDRESS 954 FERN RIDGE RD  
 CITY-ST-ZIP VIRGINIA BEACH VA 23452

TITLE V.D. ☐ Delete  
 NAME DELLA VALLA, MICHAEL  
 STREET ADDRESS 6893 ROBESWAY  
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE de Fluiter, Linda ☒ Change ☐ Addition  
 NAME 12708 Bruce B. Downs Blvd # 119  
 STREET ADDRESS Tampa FL 33612  
 CITY-ST-ZIP

TITLE Della Valle Michael ☒ Change ☐ Addition  
 NAME 4558 Ontario  
 STREET ADDRESS New Port Richey, FL 34652  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 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 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:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 01  
 Date

Daytime Phone #

CR2E037 (10/00)