

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005905**

1. Entity Name

CENTER OF LIFE, INC.**FILED**
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90100 016 ****61.25

Principal Place of Business

**59 KATHLEEN TRAIL
PALM COAST FL 32164
US**

Mailing Address

**59 KATHLEEN TRAIL
PALM COAST FL 32164
US**

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

59-3419102

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEVITA, DIANA F
59 KATHLEEN TRAIL
PALM COAST FL 32164**

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: FEE IS \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEVITA, DIANA 59 KATHLEEN TRAIL PALM COAST FL 32164	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARIA, GIOIA 59 KATHLEEN TRAIL PALM COAST FL 32164	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELLATTI, LINDA F 2045 CORNELL PLACE DAYTONA BEACH FL 32124	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: **D. SIGNATURE** **FD 2045 CORNELL PLACE, PD** **1/25/02** **(386) 437-3362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)