

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 733899

FILED  
Jan 13, 2002 8:00 AM  
Secretary of State

Entity Name: ABUNDANT LIFE INC.

## Current Principal Place of Business:

1101 FAIRBURN AVENUE  
CLEARWATER, FL 346153319

## New Principal Place of Business:

1101 FAIRBURN AVENUE  
CLEARWATER, FL 33755

## Current Mailing Address:

1101 FAIRBURN AVENUE  
CLEARWATER, FL 346153319

## New Mailing Address:

1101 FAIRBURN AVENUE  
CLEARWATER, FL 33755

FEI Number: 59-1648580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUFFMAN, WANDA  
1101 FAIRBURN AVE  
CLW, FL 33515

## Name and Address of New Registered Agent:

HUFFMAN, WANDA  
1101 FAIRBURN AVE  
CLW, FL 33755

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: WANDA HUFFMAN

01/13/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: HUFFMAN, WANDA L.,  
Address: 450 GULFVIEW BLVD.,#1504  
City-St-Zip: CLEARWATER, FL

Title: TD ( ) Delete  
Name: MCABEE,DAVID A.,  
Address: 1204 FAIRBURN AVE  
City-St-Zip: CLEARWATER, FL

Title: VD ( ) Delete  
Name: GREEN, BARBARA C.,  
Address: 1101 FAIRBURN AVE.  
City-St-Zip: CLEARWATER, FL

Title: PD ( ) Delete  
Name: GREEN, OTIS C.,  
Address: 1120 N. BETTY LANE  
City-St-Zip: CLEARWATER, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA C. GREEN

VD

01/13/2002

Electronic Signature of Signing Officer or Director

Date