

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848820

1. Entity Name

LIFETRON, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90037 013 ***150.00

50034388



DO NOT WRITE IN THIS SPACE

Principal Place of Business 603 MAIN STREET P.O. BOX 1100 WINDEMERE FL 34786-8100	Mailing Address 603 MAIN STREET P.O. BOX 1100 WINDEMERE FL 34786-1100 US
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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 61-0717101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIZNEY, DONALD R
603 MAIN STREET
WINDEMERE FL 34786

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	DCAS	<input type="checkbox"/> Delete
NAME	DIZNEY, DONALD R	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGLISH, JAMES E	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BARKMAN, KEVIN	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELEHUNT, JANINE	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIZNEY, DAVID	
STREET ADDRESS	603 MAIN ST	
CITY-ST-ZIP	WINDEMERE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janine Delehunt **2/4/00** **(407)876-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)