

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000650

1. Entity Name

LIFE INTERNATIONAL PRODUCTS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90202 023 ***150.00

Principal Place of Business

Mailing Address

8889 PELICAN BAY BLVD #301
NAPLES FL 34108

8889 PELICAN BAY BLVD #301
NAPLES FL 34108-7512

2. Principal Place of Business

2706 S. Horseshoe Dr
Suite, Apt. #, etc.
210

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Naples FL

City & State

4. FEI Number

95-4587188

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

Country

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

GARLICK, THOMAS B
8889 PELICAN BAY BLVD #301
NAPLES FL 34108

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DCTP	<input type="checkbox"/> Delete
NAME	DUCHARME, DUANE	
STREET ADDRESS	7401 BAY COLONY DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FALCO, FRANK	
STREET ADDRESS	396 WHITEHEAD AVE	
CITY-ST-ZIP	S RIVER NJ 08882	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SCHLEGEL, KENNETH G	
STREET ADDRESS	4324 BRYNWOOD DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORTON, BOB	
STREET ADDRESS	1050 HOOK RD	
CITY-ST-ZIP	FARMINGTON NY 14425	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUART, RUSSELL	
STREET ADDRESS	8900 KEYSTONE CROSSING, SUITE 600	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAINSON, RONALD	
STREET ADDRESS	27 MAPLE RIDGE DR	
CITY-ST-ZIP	MARTON IL 61550	

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	Joel Freidman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	796 Whitehead Ave.	
STREET ADDRESS	S. River, NJ 08882	
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Oak	
STREET ADDRESS	1177 Graham Rd.	
CITY-ST-ZIP	Indianapolis, IN 46250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-434-8776

CR2E034 (9/99)