

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90070 027 \*\*\*150.00

**DOCUMENT # F97000000650**

1. Entity Name

LIFE INTERNATIONAL PRODUCTS, INC.

Principal Place of Business

2706 S HORSESHOE DR  
 210  
 NAPLES FL 34108

Mailing Address

PO BOX 110578  
 NAPLES FL 34110

2. Principal Place of Business

7401 Bay Colony Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

Country

Zip

Country

34108

USA

4. FEI Number

95-4587188

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

GARLICK, THOMAS B

8889 PELICAN BAY BLVD #301 5551 Ridgewood Dr.  
 NAPLES FL 34108 Suite #101

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCTP  
 NAME DUCARME, DUANE  
 STREET ADDRESS 7401 BAY COLONY DR  
 CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

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

TITLE D  
 NAME DAPP, TOM  
 STREET ADDRESS 3685 PRIORITY WAY S DR  
 CITY-ST-ZIP INDIANAPOLIS IN 46240 ☐ Delete

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

TITLE D  
 NAME WARSTER, RUSS  
 STREET ADDRESS 8463 CASTLEWOOD DR  
 CITY-ST-ZIP INDIANAPOLIS IN 46250 ☐ Delete

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

TITLE D  
 NAME STUART, RUSSELL  
 STREET ADDRESS 8900 KEYSTONE CROSSING, SUITE 600  
 CITY-ST-ZIP INDIANAPOLIS IN 46240 ☐ Delete

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.02.02

941-514-1072

Date

Daytime Phone #

CR2E034 (9/01)