

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 8:00 am**
Secretary of State

04-06-2001 90042 002 ***150.00

DOCUMENT # F98000005056

1. Entity Name

TOTAL TRANSFORMATION, INC.

Principal Place of Business

**5008 OLD SPRING CT.
POWDER SPRINGS GA 30127**

Mailing Address

**5008 OLD SPRING CT.
POWDER SPRINGS GA 30127**

2. Principal Place of Business

1400 WILLIAMS ROAD

Suite, Apt. #, etc.

3. Mailing Address

1400 WILLIAMS ROAD

Suite, Apt. #, etc.

City & State

NEW SMYRNA, FL

City & State

NEW SMYRNA, FL

Zip

32168

Country

VOLUSIA

Zip

32168

Country

VOLUSIA

4. FEI Number

58-2003331

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**O'KEEFE, ROBERT
816 19TH AVE.
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name

ROBERT O'KEEFE

Street Address (P.O. Box Number is Not Acceptable)

1400 WILLIAMS ROAD

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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, 2001 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	CP	<input type="checkbox"/> Delete
NAME	O'KEEFE, LAJUANA	
STREET ADDRESS	816TH 19TH AVE.	
CITY-ST-ZIP	N.S.B. FL 32169	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EVANS, ELEANOR F	
STREET ADDRESS	5008 OLD SPRING CT.	
CITY-ST-ZIP	POWDER SPRINGS GA 30127	

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

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

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

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
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lajuana O'Keefe LAJUANA O'KEEFE 386 409-9291

CR2E034 (10/00)