

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 28, 2000 8:00 am
Secretary of State

03-01-2000 90062 021 ***150.00

DOCUMENT # F99000000248
 1. Entity Name
RETIRE EARLY AND LIVE ENTERPRISES, INC.

Principal Place of Business 630 AZALEA AVENUE MERRITT ISLAND FL 32952	Mailing Address 630 AZALEA AVENUE MERRITT ISLAND FL 32952-3711
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2. Principal Place of Business	3. Mailing Address P.O. Box 540925
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Merritt Island, FL	4. FEI Number 86-0858491	Applied For <input type="checkbox"/> Not Applicable
Zip 32954	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HODGES, KARIN A 3055 NEWFOUND HARBOR DRIVE MERRITT ISLAND FL 32952	7. Name and Address of New Registered Agent Name Karin A. Hodges Street Address (P.O. Box Number is Not Acceptable) P.O. Box 540925 630 Azalea Ave Merritt Island FL 32954
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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 _____ (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 checked="" 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HODGES, DAN J 630 AZALEA AVENUE MERRITT ISLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 540925 Merritt Island, FL 32954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HODGES, KARIN A 630 AZALEA AVENUE MERRITT ISLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 540925 Merritt Island, FL 32954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Karin A. Hodges*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)