

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # G35703**1. Entity Name
LIFE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 1266	P.O. BOX 1266
PALM HARBOR FL	PALM HARBOR FL
346821266 US	346821266 US

2. Principal Place of Business	3. Mailing Address
PO BOX 1266	PO BOX 1266

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
PALM HARBOR FL	PALM HARBOR FL

Zip	Country	Zip	Country
346821266	US	346821266	US

4. FEI Number	Applied For
59-2290024	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEDAN, ARON
223 CYPRESS TRACE

TARPON SPRINGS FL
34689 US

7. Name and Address of New Registered Agent

Name
KEDAN, ARON
Street Address (P.O. Box Number is Not Acceptable)
223 CYPRESS TRCE
City
TARPON SPRINGS FL
Zip Code
346898524

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 **ARON KEDAN****01/25/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	KEDAN, MOSHE	
STREET ADDRESS	2354 HADDON HALL PLACE	
CITY-ST-ZIP	CLEARWATER FL 337647510	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WELCH, SCOTT D	
STREET ADDRESS	500 TRINITY LN #11205	
CITY-ST-ZIP	SAINT PETERSBURG FL 337161263	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KEDAN, ELLA	
STREET ADDRESS	2354 HADDON HALL PLACE	
CITY-ST-ZIP	CLEARWATER FL 337647510	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KEDAN, ARON	
STREET ADDRESS	223 CYPRESS TRACE	
CITY-ST-ZIP	TARPON SPRINGS FL 346898524	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WELCH, HOWARD H	
STREET ADDRESS	58 THATCH PALM ST W.	
CITY-ST-ZIP	LARGO FL 337707417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEDAN MOSHE	
STREET ADDRESS	2354 HADDON HALL PL	
CITY-ST-ZIP	CLEARWATER FL 337647510	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH SCOTT D	
STREET ADDRESS	4254 PRESERVE PL	
CITY-ST-ZIP	PALM HARBOR FL 346854032	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEDAN ELLAN	
STREET ADDRESS	2354 HADDON HALL PL	
CITY-ST-ZIP	CLEARWATER FL 337647510	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEDAN ARON	
STREET ADDRESS	223 CYPRESS TRCE	
CITY-ST-ZIP	TARPON SPRINGS FL 346898524	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH HOWARD H	
STREET ADDRESS	58 THATCH PALM ST W	
CITY-ST-ZIP	LARGO FL 337707417	
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: **Scott D Welch****S****01/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)