2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90363 032 ***150.00

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DOCUMENT # G53281

1. Entity Name
LIFE INSURANCE SCHOOL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8036 STATE ROAD 54 211 NEW PORT RICHEY FL 34653 US	EDWARD J. BARRETT 1000 W. MC NAB RD.. STE 310 POMPANO BCH FL 33069 US

816605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8726 Old CR 54	98 SE 6th Avenue
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite 1
City & State: New Port Richey FL	City & State: Delray Beach FL
Zip: 34653 Country: US	Zip: 33483 Country: US

4. FEI Number 59-2318921 ☐ 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
BARRETT, EDWARD J 1000 W. MC NAB RD., STE 310 POMPANO BCH FL 33069	Name: Street Address (P.O. Box Number is Not Acceptable): 98 SE 6th Avenue Suite 1 City: Delray Beach FL Zip Code: 33483

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: Edward J. Barrett Edward J. Barrett (Pres) 2/28/2001
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRETT, EDWARD J 401 NE MIZNER BLVD. PH901 BOCA RATON FL 33432	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Edward J. Barrett Edward J. Barrett 2/28/2001 (561) 274-6686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #