

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 26, 2003 8:00 am
Secretary of State

06-26-2003 90039 016 ***150.00

DOCUMENT # H26720

1. Entity Name
LIFECO INVESTMENT GROUP, INC.



Principal Place of Business 1 HOLLY BERRY WOODS LAKE WYLIE, SC 29710 US	Mailing Address 1 HOLLY BERRY WOODS LAKE WYLIE, SC 29710 US
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2. Principal Place of Business 130 Three Bears Trail Suite, Apt. #, etc.	3. Mailing Address 130 Three Bears Trail Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Ormond Beach, Florida	City & State Ormond Beach, Florida	4. FEI Number 59-2467856	Applied For <input type="checkbox"/> Not Applicable
Zip 32174	Country U.S.A.	Zip 32174	Country U.S.A.
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent
CHMIELARSKI, MARK J ESQ
1795 C. HIGHWAY 50
SUITE A
CLERMONT, FL 34711

7. Name and Address of New Registered Agent
Name
Mark J. Chmielarski, Esquire
Street Address (P.O. Box Number is Not Acceptable)
135 West Central Boulevard, Suite 1100
City
Orlando FL Zip Code
32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark J. Chmielarski* **Mark J. Chmielarski, Esquire** June 13, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO MAULDIN, ROBERT M JR 1 HOLLY BERRY WOODS LAKE WYLIE, SC 29710	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Responsible Officer Donald C. Ritzinger 130 Three Bears Trail Ormond Beach, Florida 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Donald J. Ritzinger* **Donald J. Ritzinger** 6/13/2003 386-671-6952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Responsible Officer