2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000010367

1. Entity Name

May 02, 2003 8:00 am Secretary of State
05-02-2003 90559 041 ****50.00 **FILED**

NAME STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32025 TITLE MGRM REGISTER, PAMELA G STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32025 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BETTER L	LIFE BASICS, L.L.C.								
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State A. FEI Number 59-3673603 Applied For Morking Changes Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required Fe				,	COO WE TWEN	,				
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES					,		a n as ni as ni bo ni as ni b	nii Thili ed	II Belêr (II) : 1 f	£1111 1001 1001
City & State Country Country Country Country S. Certificate of Status Desired Status Desired State Discrete Agent Registered Agent Register, JERRY W ROUTE 10, BOX 867 LAKE CITY FL 32025 City FL Zip Code 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 edigations of registered agent and the statication. Register, JERRY W ROUTE 10, BOX 867 LAKE CITY FL 32025 City FL Zip Code 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 edigations of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register, typed or crimer name of registered agent and the statication. Register typed or crimer name of registered agent and the sta	2. Principal Place of Business		3. Mailing Address							
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REGISTER, JERRY W ROUTE 10, BOX 867 LAKE CITY FL 32025 City FL Zip Code 6. 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM REGISTER, JERRY W ROUTE 10, BOX 867 LAKE CITY FL 32025 CITY-ST-Zip MGRM Delete NAME REGISTER, PAMELA G ROUTE 10, BOX 867 LAKE CITY FL 32025 CITY-ST-Zip LAKE CITY FL 320	City & State		City & State		4. FEI Numbe	59-3673603			``	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE	REG	GISTER, JERRY W			Name					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed rieme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	. [
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 11. 1 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	CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for t			tion 119 07(3)/) Florida Statutos 16	irther certi	fy that the i	information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.