

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L84854

1. Entity Name

NEW LIFE ENTERPRISES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90107 043 ***150.00

0243768

Principal Place of Business

% THOMAS C. BONA
2307 NE 12TH ST
FT LAUDERDALE FL 33304

Mailing Address

% THOMAS C. BONA
2307 NE 12TH ST
FT LAUDERDALE FL 33304

ATTENTION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

60 THOMAS C. BONA
Suite, Apt. #, etc.
12 STONE MOUNTAIN BLVD

3. Mailing Address

60 THOMAS C. BONA
Suite, Apt. #, etc.
12 STONE MOUNTAIN BLVD

City & State

ENGLEWOOD, FL.

City & State

ENGLEWOOD FL.

4. FEI Number

65-0208015

Applied For

Not Applicable

Zip

34223

Country

SARASOTA

Zip

34223

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONA, THOMAS C.
2307 NE 12TH ST
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
BONA, THOMAS C.
Street Address (P.O. Box Number is Not Acceptable)
12 STONE MOUNTAIN BLVD.
ENGLEWOOD, FL. 34223
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

THOMAS C. BONA, Secy.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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

TITLE PVTD
NAME BONA, THOMAS
STREET ADDRESS 2307 NE 12TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Delete

TITLE SD
NAME BONA, EVELYN M
STREET ADDRESS 2307 NE 12TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD
NAME BONA, THOMAS C ☒ Change ☐ Addition
STREET ADDRESS 12 STONE MOUNTAIN BLVD
CITY-ST-ZIP ENGLEWOOD, FL. 34223

TITLE RD
NAME BONA, EVELYN M. ☒ Change ☐ Addition
STREET ADDRESS 12 STONE MOUNTAIN BLVD.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. BONA Secy. TRCS 4/23/01 941
415-3906

Date

Daytime Phone #

CR2E034 (10/00)