

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 23 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L97000000610

1. Entity Name
LIFEBREATH, GULF COAST, L.C.

Principal Place of Business
1137 EDGEWATER CIRCLE
BRADENTON FL 34209

Mailing Address
1137 EDGEWATER CIRCLE
BRADENTON FL 34209-7352

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mnm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0756471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLARNEY, JANE
1137 EDGEWATER CIRCLE
BRADENTON FL 34209

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003245318--7
-05/09/00--01113--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM MCLARNEY, JANE ☐ Delete
STREET ADDRESS 1137 EDGEWATER CIRCLE
CITY- ST- ZIP BRADENTON FL 34209

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

TITLE NAME MGRM WISMER, JAMES L ☐ Delete
STREET ADDRESS 1006 INGRAM CRESCENT, MIDLAND
CITY- ST- ZIP ONTARIO, CANADA L4R 4E8

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

TITLE NAME MGRM WISMER, YVONNE ☐ Delete
STREET ADDRESS 1006 INGRAM CRESCENT, MIDLAND
CITY- ST- ZIP ONTARIO, CANADA L4R 4E8

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

11. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)