

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90051 030 ****55.00

DOCUMENT # M01000002268

1. Entity Name

FOUR CORNERS OF LIFE, ENT., LLC

Principal Place of Business

11211 SO. MILITARY TRAIL, #5012
 BOYNTON BEACH FL 33436

Mailing Address

11211 SO. MILITARY TRAIL, #5012
 BOYNTON BEACH FL 33436

2. Principal Place of Business

2506 ASPEN WAY

Suite, Apt. #, etc.

3. Mailing Address

14545 J MILITARY TRAIL

Suite, Apt. #, etc.

#118

City & State

BOYNTON BEACH, FL

Zip **33436**

Country **USA**

City & State

DELRAY BEACH, FL

Zip **33484**

Country **USA**

4. FEI Number

22-3614275

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CULLEN, NANCY G

**14545 J MILITARY TRAIL, #118
 DELRAY BEACH FL 33484**

**2506 ASPEN WAY
 BOYNTON BEACH
 FL 33436**

7. Name and Address of New Registered Agent

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

Nancy G. Cullen

MGRM

2/1/02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CULLEN, NANCY G	
STREET ADDRESS	14545 J MILITARY TRAIL, #118	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	2506 ASPEN WAY	<input type="checkbox"/> Delete
NAME	BOYNTON BEACH FL 33436	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Nancy G. Cullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/02

Date

561-752-4995

Daytime Phone #

CR2E083 (9/01)