

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000000129****1. Entity Name**
RESTORATION LIFE CENTER, INC.

Principal Place of Business 633 SAGO LN. ORLANDO FL 32811	Mailing Address 633 SAGO LN. ORLANDO FL 32811
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3620409	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MATHIS JACINTA M MATHIS LAW FIRM, P.A. 20 N. ORANGE AVE., STE. 1400 ORLANDO FL 32801 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>MATHIS, JACINTA M.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	02/02/2001 <small>DATE</small>
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(NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME RANDALL KENNETH SR	<input type="checkbox"/> Delete		TITLE D	NAME RANDALL KENNETH SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8020 WINDY HILL WAY				STREET ADDRESS 5674 CENTURY 21 BLVD.			
CITY-ST-ZIP ORLANDO FL 32818				CITY-ST-ZIP ORLANDO FL 32807			
TITLE D	NAME HALL JOHN SR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1625 MERCY DR.				STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32811				CITY-ST-ZIP			
TITLE D	NAME OUTING DAVID LPASTOR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 633 SAGO LN.				STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32811				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <u>David L. Outing</u>	D	02/02/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)