

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90061 038 ****61.25

DOCUMENT # N00000001662

1. Entity Name

SUPPLIES FOR LIFE, INC.

Principal Place of Business

Mailing Address

**355 7TH AVENUE SOUTH
 NAPLES FL 34102**

**355 7TH AVENUE SOUTH
 NAPLES FL 34102**

2. Principal Place of Business

355 7th Avenue South

3. Mailing Address

Suite, Apt. #, etc.

Naples

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34102

Country

Collier

Zip

Country

4. FEI Number

59-3637146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLSAP, DEB
 355 7TH AVENUE SOUTH
 NAPLES FL 34102**

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

Deb Millsap

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **BROCKDORF, YULIA**
 STREET ADDRESS **2680 SOUTHEAST SPRUCE STREET**
 CITY-ST-ZIP **HILLSBORO OR 97123**

TITLE ☐ Change ☐ Addition
 NAME **DS**
 STREET ADDRESS **BROCKDORF, Steven**
 CITY-ST-ZIP **2680 SE SPRUCE ST.**
HILLSBORO, OR 97123

TITLE **DTS** ☐ Delete
 NAME **BROCKDORF, STEVEN**
 STREET ADDRESS **2680 SOUTHEAST SPRUCE STREET**
 CITY-ST-ZIP **HILLSBORO OR 97123**

TITLE ☒ Change ☐ Addition
 NAME **DS**
 STREET ADDRESS **BROCKDORF, Steven**
 CITY-ST-ZIP **2680 SE SPRUCE ST.**
HILLSBORO, OR 97123

TITLE **DV** ☐ Delete
 NAME **MILLSAP, DEB**
 STREET ADDRESS **355 7TH AVENUE SOUTH**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
 NAME **DT**
 STREET ADDRESS **Kay Kohlmeier**
 CITY-ST-ZIP **4060 NW Heesacker Rd**
FOREST GROVE, OR 97116

TITLE ☐ Delete
 NAME **Soderholm, Larry**
 STREET ADDRESS **2890 NE Jackson School Rd.**
 CITY-ST-ZIP **Hillsboro, OR 97124**

TITLE ☐ Change ☒ Addition
 NAME **DT**
 STREET ADDRESS **Kay Kohlmeier**
 CITY-ST-ZIP **4060 NW Heesacker Rd**
FOREST GROVE, OR 97116

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12. 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 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:

Deb Millsap
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
 Date

(239) 261-7367
 Daytime Phone #

CR2E037 (9/01)