

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90208 039 ****61.25

DOCUMENT # N00000002157

1. Entity Name

FAITH LIFT, INC.

Principal Place of Business

**2506 VIRGINIA DR
 LEESBURG FL 34748**

Mailing Address

**P O BOX 492944
 LEESEBURG FL 34749**

2. Principal Place of Business

**32215 Witney Road
 Suite, Apt. #, etc.
 Room #7**

3. Mailing Address

**PO Box 492944
 Suite, Apt. #, etc.**

City & State

Leesburg Florida, Leesburg Florida

Zip

34748

Country

Lake

Zip

34749

Country

Lake

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HALE, DAN
 2506 VIRGINIA DR
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **Daniel C. Hale**
 Street Address (P.O. Box Number is Not Acceptable)
909 Lily St
Leesburg Florida
 City **FL** Zip Code **34748**

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 **Daniel C. Hale**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4-16-01

**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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **President, Founder, Director**
 STREET ADDRESS **Daniel C. Hale**
 CITY-ST-ZIP **909 Lily St. Apt. 4**
Leesburg FL 34748

TITLE ☐ Change ☒ Addition
 NAME **Secretary, Treasurer**
 STREET ADDRESS **Wanda C. Hale**
 CITY-ST-ZIP **909 Lily St.**
Leesburg, FL. 34748

TITLE ☐ Change ☒ Addition
 NAME **Trustee**
 STREET ADDRESS **Ruth Smallwood**
 CITY-ST-ZIP **810 Maridale Ave.**
Leesburg, FL. 34748

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(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: **Daniel C. Hale** **REQUIRED**

4-16-01 7879944

CR2E037 (10/00)