

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Sep 08, 2002 8:00 am
Secretary of State

05-29-2002 90712 049 ****61.25

DOCUMENT # N00000002157

1. Entity Name

FAITH LIFT, INC.

Principal Place of Business

Mailing Address

**32215 WITNEY RD.
ROOM #7
LEESBURG FL 34748****P O BOX 492944
LEESEBURG FL 34749**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3085435

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

**HALE, DANIEL C
909 LILY ST.
LEESBURG FL 34748**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PFD									
	HALE, DANIEL C									
	909 LILY ST. APT. 4									
	LEESBURG FL 34748									
	ST									
	HALE, WANDA C									
	909 LILY ST.									
	LEESBURG FL 34748									
	T									
	SMALLWOOD, RUTH									
	810 MARRIDALE AVE.									
	LEESBURG FL 34748									

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

352 787 9944

Daytime Phone #

CR2E037 (9/01)