

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000002758**

1. Entity Name

LIGHT OF LIFE CONSULTANTS INC.**FILED**

01 OCT -5 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

400 HEATH CIRCLE SOUTH
WEST PALM BEACH FL 33407400 HEATH CIRCLE SOUTH
WEST PALM BEACH FL 33407

2. Principal Place of Business

4000 Heath Circle So

3. Mailing Address

P.O. Box 1047

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch FL

City & State

WPB FL

Zip

33407

Country

USA

Zip

33402

Country

USA

4. FEI Number

65-1014701

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, LECIA
400 HEATH CIRCLE SOUTH
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4000 Heath Circle So

City WPB

FL

Zip Code
33407

LS

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

Lecia Gray CEO/Administrator

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME
Jana Shipert
2449 Waterside Cir
Lake Worth FL 33461 ☐ DeleteTITLE NAME
George Edwards
4132 Palm Bay Cir.
WPB 33415 ☐ DeleteTITLE NAME
Deloris Robinson
862 Azalea Dr.
Royal Palm Bch 33411 ☐ DeleteTITLE NAME
Gwen Sanders
1581 W. 31st
Riviera Bch 33404 ☐ DeleteTITLE NAME
Jeanie Gilbert
500 N. Congress Ave, #31
WPB 33401 ☐ DeleteTITLE NAME

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
Board of Directors
Secretary ☐ Change ☐ AdditionTITLE NAME
Board of Directors ☐ Change ☐ AdditionTITLE NAME
Board of Directors
Treasurer ☐ Change ☐ AdditionTITLE NAME
Board of Directors ☐ Change ☐ AdditionTITLE NAME
Board of Directors
President/Chair ☐ Change ☐ AdditionTITLE NAME

☐ Change ☐ Addition

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:

Lecia Gray
Signature, typed or printed name of signing officer or director9/18/01 (561) 683-1405
Date Daytime Phone #

CR2ED37 (5/01)