

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002758

1. Entity Name

LIGHT OF LIFE CONSULTANTS INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91528 012 ****61.25

Principal Place of Business

Mailing Address

5800 HEALTH CIRCLE S.
WEST PALM BEACH FL 33407

P.O. BOX 1047
WEST PALM BEACH FL 33402

2. Principal Place of Business

3. Mailing Address

2131 Honour Rd
Suite, Apt. #, etc.

P.O. Box 1047 WPB
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Orlando FL		City & State WPB FL		4. FEI Number 65-1014731	Applied For <input type="checkbox"/> Not Applicable
Zip 32809	Country U.S.	Zip 33402	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, LECIA
4000 HEALTH CIRCLE S.
WEST PALM BEACH FL 33407

Name Same
Street Address (P.O. Box Number is Not Acceptable)
2131 Honour Rd (new address)
City Orlando FL Zip Code 32809

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. No Changes OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIFFERT, JANA 2449 WATERSIDE CIR. LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, GEORGE 4132 PALM BAY CIR. WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, DELORES 867 AZALEA DRIVE ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, GWEN 1581 W. 31ST STREET RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC GILBERT, JEANIE 500 N. CONGRESS AVENUE, #31 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gilbert, Jeanie - E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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:

Jeanie Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)