

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90413 045 ****61.25

DOCUMENT # N00000003919

1. Entity Name

CRYSTAL LIFE ACADEMY INC.

Principal Place of Business

Mailing Address

P.O. BOX 140
LAKE WALES FL 33859-0140**P.O. BOX 140**
LAKE WALES FL 33859-0140

2. Principal Place of Business

3. Mailing Address

133 Whitman Rd**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven FL**FL**

Zip

Country

Zip

Country

33884-2356**Polk**

4. FEI Number

59-3650275

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

MARKS, LAURA
133 WHITMAN ROAD
WINTER HAVEN FL 33884-2356

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 **D** ☐ Delete
NAME **MARKS, LAURA**
STREET ADDRESS **133 WHITMAN ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33884-2356**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MARKS, JOSEPH**
STREET ADDRESS **133 WHITMAN ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33884-2356**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HOOPER, LINDA**
STREET ADDRESS **7191 LEISURE ROAD**
CITY-ST-ZIP **HAINES CITY FL 33844**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Laura Marks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

(863)324-5450

Daytime Phone #

CR2E037 (9/01)