

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007661

1. Entity Name

POWER FOR LIFE, INC.

**FILED**  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90066 002 \*\*\*\*61.25

0083241

Principal Place of Business

11500 SW KANNER WAY, #317  
INDIANTOWN FL 34956

Mailing Address

11500 SW KANNER WAY, #317  
INDIANTOWN FL 34956

2. Principal Place of Business

3. Mailing Address

4700 ALHAMBRA AVE

4700 ALHAMBRA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

65-1052253

Applied For

Not Applicable

Zip

33870

Country

Highlands

Zip

33870

Country

Highlands

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

FOWLER, MICHAEL A SR.  
11500 SW KANNER WAY, #317  
INDIANTOWN FL 34956

Name FOWLER, MICHAEL A SR.

Street Address (P.O. Box Number is Not Acceptable)

4700 ALHAMBRA AVE

City SEBRING

FL

Zip Code

33870

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |        |
|----------------|---------------------------|--------|
| TITLE          | D                         | Delete |
| NAME           | FOWLER, MICHAEL A         |        |
| STREET ADDRESS | 11500 SW KANNER WAY, #317 |        |
| CITY-ST-ZIP    | INDIANTOWN FL 34956       |        |
| TITLE          | D                         | Delete |
| NAME           | FOWLER, STEPHANIE A       |        |
| STREET ADDRESS | 11500 SW KANNER WAY, #317 |        |
| CITY-ST-ZIP    | INDIANTOWN FL 34956       |        |
| TITLE          | D                         | Delete |
| NAME           | PERMUY, CYNTHIA L         |        |
| STREET ADDRESS | 1105 HARTMAN RD.          |        |
| CITY-ST-ZIP    | FT. PIERCE FL 34947       |        |
| TITLE          |                           | Delete |
| NAME           |                           |        |
| STREET ADDRESS |                           |        |
| CITY-ST-ZIP    |                           |        |
| TITLE          |                           | Delete |
| NAME           |                           |        |
| STREET ADDRESS |                           |        |
| CITY-ST-ZIP    |                           |        |

|                |                      |        |          |
|----------------|----------------------|--------|----------|
| TITLE          |                      | Change | Addition |
| NAME           |                      |        |          |
| STREET ADDRESS | 4700 ALHAMBRA AVE    |        |          |
| CITY-ST-ZIP    | SEBRING, FL 33870    |        |          |
| TITLE          |                      | Change | Addition |
| NAME           |                      |        |          |
| STREET ADDRESS | 4700 ALHAMBRA AVE    |        |          |
| CITY-ST-ZIP    | SEBRING, FL 33870    |        |          |
| TITLE          |                      | Change | Addition |
| NAME           |                      |        |          |
| STREET ADDRESS |                      |        |          |
| CITY-ST-ZIP    |                      |        |          |
| TITLE          | D                    | Change | Addition |
| NAME           | ZOERHOF, TAMARA      |        |          |
| STREET ADDRESS | 331 NW SHERBROOK AVE |        |          |
| CITY-ST-ZIP    | PSL, FL 37983        |        |          |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

863 471 6759

Daytime Phone #

CR2E037 (10/00)