

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007661

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

Entity Name: POWER FOR LIFE, INC.

## Current Principal Place of Business:

4700 ALHAMBRA AVE  
SEBRING, FL 33870

## New Principal Place of Business:

## Current Mailing Address:

4700 ALHAMBRA AVE  
SEBRING, FL 33870

## New Mailing Address:

FEI Number: 65-1052253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOWLER, MICHAEL A SR.  
4700 ALHAMBRA AVE  
SEBRING, FL 33870

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FOWLER, MICHAEL A  
Address: 4700 ALHAMBRA AVE  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: FOWLER, STEPHANIE A  
Address: 4700 ALHAMBRA AVE  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: PERMUY, CYNTHIA L  
Address: 1105 HARTMAN RD.  
City-St-Zip: FT. PIERCE, FL 34947

Title: E ( ) Delete  
Name: ZOERHOF, TAMARA  
Address: 331 NW SHERBROOK AVE  
City-St-Zip: PSL, FL 37983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FOWLER

P

04/26/2002

Electronic Signature of Signing Officer or Director

Date