

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90175 037 \*\*\*\*61.25

**DOCUMENT # NO1000002425**

1. Entity Name

**POWER POINTS FOR LIVING, INC.**

Principal Place of Business

**911 SHORELINE CIR  
 PONTE VEDRA BCH FL 32082**

Mailing Address

**911 SHORELINE CIR  
 PONTE VEDRA BCH FL 32082**

**80049963**

2. Principal Place of Business

**1307 E RIVER HILLS CIRCLE**

Suite, Apt. #, etc.

**APT 5**

City & State

**JACKSONVILLE FL**

3. Mailing Address

**1307 E RIVER HILLS CIRCLE**

Suite, Apt. #, etc.

**APT 5**

City & State

**JACKSONVILLE FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3759165**

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

Name

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

City

**FL**

Zip Code

~~LUNSFORD, BARBARA  
 911 SHORELINE CIR  
 PONTE VEDRA BCH FL 32082~~

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 ☐ Delete  
 NAME **T LUNSFORD, RAYMOND D**  
 STREET ADDRESS **911 SHORELINE CIR**  
 CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

TITLE ☐ Change ☐ Addition  
 NAME **T LUNSFORD, RAYMOND D**  
 STREET ADDRESS **1307 E RIVER HILLS CIRCLE**  
 CITY-ST-ZIP **APT 5 JACKSONVILLE FL 32211**

TITLE ☐ Delete  
 NAME **T LLOYD, A ROBERT**  
 STREET ADDRESS **4945 RUSTIC TRAIL**  
 CITY-ST-ZIP **MIDLAND TX 79707**

TITLE ☐ Change ☐ Addition  
 NAME **T LLOYD, A ROBERT**  
 STREET ADDRESS **343 N TROPICAL TRAIL**  
 CITY-ST-ZIP **APT 107A MERRITT ISLAND FL 32953**

TITLE ☐ Delete  
 NAME **T LUNSFORD, BARBARA M**  
 STREET ADDRESS **911 SHORELINE CIR**  
 CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

TITLE ☐ Change ☐ Addition  
 NAME **T LUNSFORD BARBARA M**  
 STREET ADDRESS **1307 E RIVER HILLS CIRCLE**  
 CITY-ST-ZIP **APT 5 JACKSONVILLE FL 32211**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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:

**BARBARA M LUNSFORD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-02**

Date

Daytime Phone #

CR2E037 (9/01)