

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-19-2002 90214 014 ****61.25

DOCUMENT # NO1000005671

1. Entity Name

REAL LIFE, INC.

Principal Place of Business

Mailing Address

5917 VIA VERMILYA #401
 LANTANA FL 33462

5917 VIA VERMILYA #401
 LANTANA FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1129 896

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

343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

Name

Holly M. Gibson

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

5917 Via Vermilya #401

City

Lantana

FL

Zip Code
 33462

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

5/6/02

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 PD
 NAME GLASS, RANDALL
 STREET ADDRESS P.O. BOX 18288
 CITY-ST-ZIP WEST PALM BEACH FL 33416 ☐ Delete

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

TITLE VD
 NAME CAY, DANNY
 STREET ADDRESS 13 F CROSSINGS CIRCLE
 CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

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

TITLE SD
 NAME CAY, TERRA
 STREET ADDRESS 13 F CROSSINGS CIRCLE
 CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

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

TITLE TD
 NAME PASTOR, HOLLY
 STREET ADDRESS 5917 VIA VERMILYA #401
 CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE
 NAME Holly Gibson
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
 NAME PASTOR, HENRY
 STREET ADDRESS 5917 VIA VERMILYA #401
 CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

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

TITLE D
 NAME GLASS, ARINEE
 STREET ADDRESS P.O. BOX 18288
 CITY-ST-ZIP WEST PALM BEACH FL 33416 ☐ Delete

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

Holly M. Gibson

4/28/02

433-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)