

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N39570**1. Entity Name
THINK LIFE, INCORPORATEDPrincipal Place of Business
1600 STATE ROAD 84
FORT LAUDERDALE FL 33315Mailing Address
C/O A MAURICE MADDOX
PO BOX 21366
FORT LAUDERDALE FL 333352. Principal Place of Business
POST OFFICE BOX 213663. Mailing Address
POST OFFICE BOX 21366

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FLCity & State
FORT LAUDERDALE FL4. FEI Number
65-0253465Applied For
Not ApplicableZip Country
33335Zip Country
333355. 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

MADDOX A M
1600 W STATE RD 84
FORT LAUDERDALE FL 33315Name
MADDOX A M
Street Address (P.O. Box Number is Not Acceptable)
4200 MW 16TH STREET, SUITE 612
City
FORT LAUDERDALE FL Zip Code
33313

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 **A.M. MADDOX** 01/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE 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	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CRENSHAW CHRISTINA			NAME			
STREET ADDRESS	323 MUNROE ST #1			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33019			CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KUMA RAYMOND III			NAME			
STREET ADDRESS	5530 SW 44TH AVE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33314			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBERTSON DEAN			NAME			
STREET ADDRESS	1 EAST BROWARD BLVD STE 1010			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	DVC	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANKERSON DIANNE			NAME			
STREET ADDRESS	555 NW 12TH AVE			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33343			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WIGGINS PAUL			NAME			
STREET ADDRESS	1 FINANCIAL PLAZA 14TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33394			CITY-ST-ZIP			
TITLE	OPC	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MADDOX A M			NAME			
STREET ADDRESS	1600 W STATE RD 84			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33315			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)(f), 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: **A M MADDOX** D 01/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)