

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000249

1. Entity Name

PRECIOUS LIFE CENTER OF LABELLE, INC.

Principal Place of Business

240 LEE ST
LABELLE FL

Mailing Address

P.O. BOX 401
LABELLE FL 33935

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

65-0368627

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

ELVER, RALPH
P.O. DRAWER 2280
461 S. MAIN STREET (S.R. 29)
LABELLE FL 33935

Name

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

City

FL

Zip Code

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

Ralph Elver

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-7-01

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	DP	<input type="checkbox"/> Delete
NAME	HUNTER, PATRICIA W.	
STREET ADDRESS	1450 POLLYWOG DR	
CITY-ST-ZIP	LABELLE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIDSON, JANIS	
STREET ADDRESS	352 LEE ST.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNER, JOYCE	
STREET ADDRESS	850 N RIVER RD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELVER, RALPH	
STREET ADDRESS	1686 MURIEL BLVD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ELVER, CATHERINE C	
STREET ADDRESS	1686 MURIEL BLVD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, LOUIS W	
STREET ADDRESS	1450 POLLYWOG DR	
CITY-ST-ZIP	LABELLE FL 33935	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90446 009 *****61.25



DO NOT WRITE IN THIS SPACE

0071262

CR2E037 (10/00)