2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: PRECIOUS LIFE CENTER OF LABELLE, INC.

Current Principal Place of Business:

240 LEE ST
LABELLE, FL

New Principal Place of Business:

310 CAMPBELL STREET
LABELLE, FL 33935

Current Mailing Address:

P.O. BOX 401
LABELLE, FL 33935

New Mailing Address:

FEI Number: 65-0368627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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: DP ( ) Delete
Name: HUNTER, PATRICIA W.
Address: 1450 POLLYWOG DR
City-St-Zip: LABELLE, FL

Title: DV ( ) Delete
Name: DAVIDSON, JANIS
Address: 352 LEE ST.
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: CONNER, JOYCE
Address: 850 N RIVER RD
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: ELVER, RALPH
Address: 1686 MURIEL BLVD.
City-St-Zip: LABELLE, FL 33935

Title: DS ( ) Delete
Name: ELVER, CATHERINE C
Address: 1686 MURIEL BLVD.
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: HUNTER, LOUIS W
Address: 1450 POLLYWOG DR
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HUNTER, PATRICIA W.
Address: 4555 POLLYWOG DR SW
City-St-Zip: LABELLE, FL 33935

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:

Title: D (X) Change ( ) Addition
Name: HUNTER, LOUIS W
Address: 4555 POLLYWOG DR SW
City-St-Zip: LABELLE, FL 33935

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: PATRICIA W. HUNTER MRS. 04/30/2002

Electronic Signature of Signing Officer or Director — Date