

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000450**

1. Entity Name

HOUSE OF LIFE, INC.

Principal Place of Business

**2105 WORRINGTON ST
SARASOTA FL 34231
US**

Mailing Address

**2105 WORRINGTON ST
SARASOTA FL 34231
US**

2. Principal Place of Business

2105 Worrington St.

Suite, Apt. #, etc.

3. Mailing Address

2105 Worrington St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL 34231

Zip

Country

USA

City & State

Sarasota, FL 34231

Zip

Country

USA

4. FEI Number

65-0372018

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

**CARR, RICHARD
464 SOUTH CREEK DRIVE
OSPREY FL 34229**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARR, RICHARD	
STREET ADDRESS	464 SOUTH CREEK DRIVE	
CITY-ST-ZIP	OSPREY FL 34229	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CARR, DEANNA	
STREET ADDRESS	464 SOUTH CREEK DRIVE	
CITY-ST-ZIP	OSPREY FL 34229	

TITLE	SD	<input type="checkbox"/> Delete
NAME	STRINGER, NIKKI	
STREET ADDRESS	1409 NORTH TAMiami TRIAL	
CITY-ST-ZIP	NOKOMIS FL 34275	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LUCAS, GLADYS	
STREET ADDRESS	501 GRANADA AVENUE	
CITY-ST-ZIP	VENICE FL 34285	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, FRED	
STREET ADDRESS	3708 RIVIERA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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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:

Richard Carr**1/9/2001**

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CR2E037 (10/00)