

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90023 033 *****61.25

DOCUMENT # N94000003289

1. Entity Name

A TIME TO LIVE, INC.

Principal Place of Business

Mailing Address

**116 HURON
 DAVIS ISLAND
 TAMPA FL 33606**

**116 HURON
 DAVIS ISLAND
 TAMPA FL 33606**

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

59-3251335

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, RUBY L
 116 HURON
 DAVIS ISLAND
 TAMPA FL 33606**

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.

not applicable - no change

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P/D
 YOUNG, JOHN D M.D.
 14041 82ND AVE. NORTH
 SEMINOLE FL 34646**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**T/D
 TIPPETT, DAVID G
 3916 PINAR DR.
 BRADENTON FL 34207**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D/S
 CARR, RUBY L
 116 HURON, DAVIS ISLAND
 TAMPA FL 33606**

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☐ 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:

Ruby L Carr 4/16/01 813-251-5057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)