

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004839

1. Entity Name

LIFE IMPROVEMENT THROUGH EDUCATION, INC.

Principal Place of Business

701 CLEVELAND STREET
CLEARWATER FL 34615

Mailing Address

P.O. BOX 763
CLEARWATER FL 34617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PAYNE, RANDY
701 CLEVELAND STREET
CLEARWATER FL 34615

4. FEI Number

59-3274907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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 VPD
NAME GUM, DON
STREET ADDRESS 514 N. MISSOURI AVE., N
CITY-ST-ZIP CLEARWATER FL 34615

TITLE PD
NAME PAYNE, RANDY
STREET ADDRESS 514 N. MISSOURI AVE.
CITY-ST-ZIP CLEARWATER FL 34615

TITLE TSD
NAME HEATH-PAYNE, SALLY
STREET ADDRESS 514 N. MISSOURI AVE.
CITY-ST-ZIP CLEARWATER FL 34615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90005 028 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)