

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002651

1. Entity Name

ALL SEASONS LIFE SERVICES, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90173 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2318 BRISTOL AVENUE  
LAKELAND FL 33803

2318 BRISTOL AVENUE  
LAKELAND FL 33803-2812

*Address change only*

2. Principal Place of Business

3. Mailing Address

*P.O. Box 2096 (33806)*

*P.O. Box 2096*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*2048 Wisteria Ln*

City & State

City & State

*Lakeland Fl.*

*Lakeland Fl.*

Zip

Country

Zip

Country

*33813-1956*

*USA*

*33806-2096*

*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3383517**

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

CARLTON, GERALDYNE H  
2120 LAKELAND HILLS BLVD.  
LAKELAND FL 33805

Name

*SAHE*

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

*2310 Lakeland Hills Blvd.*

City

*Lakeland*

FL

Zip Code

*33805*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BELGE, LORRAINE I  
STREET ADDRESS 2318 BRISTOL AVENUE  
CITY-ST-ZIP LAKELAND FL 33803  
*ADDRESS Change*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*2048 Wisteria Ln.  
Lakeland Fl. 33813-1956*  
☐ Change ☐ Addition

TITLE STD  
NAME CLARK, DANNY H  
STREET ADDRESS 2318 BRISTOL AVENUE  
CITY-ST-ZIP LAKELAND FL 33803  
*ADDRESS Change*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*2048 Wisteria Ln  
Lakeland Fl 33813-1956*  
☐ Change ☐ Addition

TITLE D  
NAME BELGE, RENEE  
STREET ADDRESS 2318 BRISTOL AVENUE  
CITY-ST-ZIP LAKELAND FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*SAHE ADDRESS*  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ 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: *Signature of Renee Belge* President 3/24/00 863 607-4848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)