2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

May 01, 2003 8:00 am Secretary of State DOCUMENT # N96000004245 1. Entity Name 05-01-2003 90239 021 ****61.25 BRIGHTER LIFE INC. Principal Place of Business Mailing Address 4403 JOHN BELL DRIVE P.O. BOX 310912 **TAMPA FL 33610** TAMPA FL 33680 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3396533 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBS, LATOSHA Street Address (P.O. Box Number is Not Acceptable) 4403 JOHN BELL DR TAMPA FL 33610 City 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. I am familiar with, and accept the obligations of ragistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to *FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete ☐ Change □ Addition JACOBS, LATOSHA NAME NAME STREET ADDRESS 4403 JOHN BELL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** SD ☐ Delete TITLE Change ☐ Addition NAME JACOBS, CHEVELLA NAME STREET ADDRESS 3038 38TH ST STREET ADDRESS CITY-ST-ZIP TAMPA FL 33605 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME RANDLE, MOZELLA NAME STREET ADDRESS 4403 JOHN BELL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33610 ΠT TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BELL, AUDREY** NAME NAME STREET ADDRESS 3208-E IDA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME CHISHOLM, WINONA NAME STREET ADDRESS 1304 E OSBORNE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

28-03(813)612

FILED