

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005482

1. Entity Name

LIFESONGS, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90162 007 ****70.00

Principal Place of Business

1901 EDGEWATER DR.
 ORLANDO FL 32804

Mailing Address

~~1901 EDGEWATER DR.~~ PO Box 2724
~~ORLANDO FL 32804~~ WINDERMERE,
 FL 34786

2. Principal Place of Business

3. Mailing Address

PO Box 2724

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINDERMERE, FL

4. FEI Number

59-3534203

Applied For

Not Applicable

Zip

Country

Zip

Country

34786

USA

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

GARWOOD, BRENDA B
 1901 EDGEWATER DR.
 ORLANDO FL 32804

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
 NAME D
 STREET ADDRESS GARWOOD, BRENDA B
 CITY-ST-ZIP 9704 KILGORE RD.
 ORLANDO FL 32836

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BOALS, JEANETTE H
 CITY-ST-ZIP 6506 PARSON BROWN DR.
 ORLANDO FL 32819

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MACKIE, DIAN B
 CITY-ST-ZIP 6701 PARSON BROWN DR.
 ORLANDO FL 32819

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Dian Mackie REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-00

Date

407-353-6335

Daytime Phone #

CR2E037 (5/00)