

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90117 014 ****70.00

DOCUMENT # **N98000065482**

1. Entity Name

Lifesongs, Inc.



Principal Place of Business

Mailing Address

2. Principal Place of Business

1901 EDGEWATER DR

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2724

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

WINDERMERE FL

4. FEI Number

59-3534203

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

34786

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENDA B. GARWOOD
1901 EDGEWATER DR
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name

BRENDA BORDERS

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

9704 KILGORE RD

City

ORLANDO

FL

Zip Code

32836

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]
 Signature typed or printed name of registered agent and title if applicable.

BRENDA BORDERS

BRENDA BORDERS GARWOOD

8-22-01

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 **DIRECTOR**
 NAME **BRENDA BORDERS GARWOOD**
 STREET ADDRESS **9704 KILGORE RD**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **DIRECTOR**
 NAME **JEANETTE H. BOALS**
 STREET ADDRESS **6506 PARSON BROWN DR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DIRECTOR**
 NAME **DIAN B MACKIE**
 STREET ADDRESS **6701 PARSON BROWN DR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR**
 NAME **BRENDA BORDERS**
 STREET ADDRESS **9704 KILGORE RD**
 CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-22-01

Daytime Phone #

CR2E037 (11/00)