

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 20, 2001 8:00 am
Secretary of State

05-23-2001 91181 007 ****61.25

DOCUMENT # <u>1/99000002216</u>																	
1. Entity Name MASTERLIFE INTERNATIONAL, INC.																	
Principal Place of Business		Mailing Address															
349 PRAIRIE DUNE WAY ORLANDO, FL 32828		P.O. Box 281125 ORLANDO, FL 32828-1125															
2. Principal Place of Business		3. Mailing Address															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State		City & State															
Zip	Country	Zip	Country														
		4. FEI Number 59-3566471															
		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															
JAMES EDWARD ZITO JR. 901 BALLARD ST. APT. E. ALTAMONTE SPRINGS, FL 32701		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 <i>James E. Zito Jr</i> (Signature, typed or printed name of registered agent and title if applicable)		JAMES E. ZITO JR. 5-20-01 (Printed Name and Date)															
FILE NOW! FEE IS \$81.25		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															
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Tipton D. Killingsworth* 5-20-01 407-384-8475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #