

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002216

1. Entity Name

MASTERLIFE INTERNATIONAL, INC.

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 93647 022 ****61.25

Principal Place of Business

Mailing Address

349 PRAIRIE DUNE WAY
ORLANDO FL 32828

PO BOX 781125
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

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

ZITO, JAMES EDWARD 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

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 BCD
NAME KILLINGSWORTH, TOPTON DAVID ☐ Delete
STREET ADDRESS 349 PRAIRIE DUNE WAY
CITY-ST-ZIP ORLANDO FL 32828

TITLE BCD ☒ Change ☐ Addition
NAME KILLINGSWORTH, TIPTON DAVID
STREET ADDRESS 349 PDW ORLANDO, FL 32828
CITY-ST-ZIP ORLANDO, FL 32828

TITLE CAD ☒ Delete
NAME KILLINGSWORTH, LAUREL DIANE
STREET ADDRESS 349 PRAIRIE DUNE WAY
CITY-ST-ZIP ORLANDO FL 32828

TITLE BCD ☐ Change ☒ Addition
NAME DOUGLAS LARSEN
STREET ADDRESS 284 GOLDENRAIN DR.
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE ☒ Delete
NAME ZITO, JAMES E JR
STREET ADDRESS 901 BALLARD ST APT E
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

TITLE VCD ☐ Delete
NAME JOHNSON, BOYD
STREET ADDRESS 431 E CENTRAL BLVD. # 702
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-02 407-384-8475
Date Daytime Phone #

CR2E037 (9/01)