

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002289

FILED
Jan 21, 2002 8:00 AM
Secretary of State

Entity Name: K-LIFE OF ORLANDO, INC.

Current Principal Place of Business:

450 S, ORANGE AVE
#14
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 1748
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 58-2466869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERCHI, KENT W
2529 NORFOLK ROAD
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STERCHI, KENT W
Address: 2529 NORFOLK ROAD
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: BOURNE, ROBERT A
Address: 1411 VIA TUSCANY
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GOFF, LARRY
Address: 1091 PENNSYLVANIA PLACE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: SIMMONS, CLEAT
Address: 116 WAORTHINGTON COURT
City-St-Zip: ORLANDO, FL 32789

Title: D () Delete
Name: MOSSBURG, KELLEY
Address: 807 GOLFFVIEW TERRACE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WYATT, GARY
Address: 360 N. LAKE SYBELIA DR
City-St-Zip: MATILAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. BOURNE

D

01/21/2002

Electronic Signature of Signing Officer or Director

Date