

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90006 040 ****70.00

DOCUMENT # N99000005614

1. Entity Name

LIFECCHANGE CONCEPTS, INC.

Principal Place of Business

**15911 COUNTRYBROOK ST.
TAMPA FL 33624**

Mailing Address

**15911 COUNTRYBROOK ST.
TAMPA FL 33624**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3599181

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LYNCH, RAYMOND E
15911 COUNTRYBROOK ST.
TAMPA FL 33624**

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 ☐ Delete
NAME **PTD**
STREET ADDRESS **LYNCH, RAYMOND E**
CITY-ST-ZIP **15911 COUNTRYBROOK STREET
TAMPA FL 33624**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Ellen Nist, Ellen**
CITY-ST-ZIP **5643 Cannonade Dr.
Wesley Chapel FL 33544**

TITLE ☐ Delete
NAME **VPSD**
STREET ADDRESS **LYNCH, JUDY A**
CITY-ST-ZIP **15911 COUNTRYBROOK STREET
TAMPA FL 33624**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Sanabria, Ray**
CITY-ST-ZIP **4425 Golf Club Lane
Tampa, FL 33624**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KELLY, DANIEL B**
CITY-ST-ZIP **18655 AVENUE CAPRI
LUTZ FL 33549**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Kelly, Daniel B.**
CITY-ST-ZIP **4305 Ave Connes
Lutz FL 33549**

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

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:

Raymond E. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

813-962-8855

Date

Daytime Phone #

CR2E037 (10/00)