

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90431 002 \*\*\*\*61.25

**DOCUMENT # N99000005614**

1. Entity Name

**LIFECCHANGE CONCEPTS, INC.**

Principal Place of Business

Mailing Address

15911 COUNTRYBROOK ST.  
TAMPA FL 33624

15911 COUNTRYBROOK ST.  
TAMPA FL 33624

2. Principal Place of Business

13902 N. Dale Mabry Hwy.

3. Mailing Address

P.O. Box 272230

Suite, Apt. #, etc.

Suite, Apt. #, etc.

285

City & State

Tampa FL

City & State

Tampa FL

Zip

33618

Country

USA

Zip

33688

Country

USA

4. FEI Number

59-3599181

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

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

TITLE D ☐ Change ☒ Addition  
NAME Kelly, Al  
STREET ADDRESS 9801 Creek Cross St.  
CITY-ST-ZIP Tampa, FL 33647

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

TITLE D ☐ Change ☒ Addition  
NAME Bieber, Henry  
STREET ADDRESS 17312 Minnie Place  
CITY-ST-ZIP Lutz, FL 33549

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

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

TITLE D ☒ Delete  
NAME NIST, EKKEB  
STREET ADDRESS 5643 CANNONADE DR  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

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

TITLE D ☐ Delete  
NAME SANABRIA, RAY  
STREET ADDRESS 4425 GOLF CLUB LANE  
CITY-ST-ZIP TAMPA FL 33624

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

TITLE D ☒ Delete  
NAME KELLY, DANIEL B  
STREET ADDRESS 4305 AVE CANNES  
CITY-ST-ZIP LUTZ FL 33549

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 Lynch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

813-962-8855

Date

Daytime Phone #

CR2E037 (9/01)