

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030316

1. Entity Name

ADVENTURES IN LIFE FINANCING, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90069 002 ***150.00

Principal Place of Business

310 GRAND BOULEVARD
TARPON SPRINGS FL 34689

Mailing Address

310 GRAND BOULEVARD
TARPON SPRINGS FL 34689

2. Principal Place of Business

1021 Caravel Ct.

Suite, Apt. #, etc.

3. Mailing Address

1021 Caravel Ct.

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

4. FEI Number

59-3635725

Applied For

Not Applicable

Zip

34689

Country

Pinellas

Zip

34689

Country

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESJARDINS, PIERRE
310 GRAND BOULEVARD
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1021 Caravel Ct.

City

Tarpon Springs

FL

Zip Code

34689

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

Pierre Desjardins

4/28/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME President
STREET ADDRESS Pierre Desjardins
CITY-ST-ZIP 1021 Caravel Ct.
Tarpon Springs FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pierre Desjardins

Date

Daytime Phone #

727-942-2524

CR2E034 (10/00)