

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000073469

FILED  
Jan 07, 2003  
Secretary of State

Entity Name: THE GOOD LIFE GROUP, INC.

## Current Principal Place of Business:

45 TOWN CENTER LOOP  
C-7  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

## Current Mailing Address:

350 WILDERNESS WAY  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

237 WILDERNESS WAY  
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3664559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLEAT, DAVID B  
4477 LEGENDARY DR, STE 202  
DESTIN, FL 32541 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POLK, SAM  
Address: 170 EMERALD DUNES CIR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: KING, BRUCE  
Address: 170 EMERALD DUNES CIR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: MAY, BARBARA  
Address: 350 WILDERNESS WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: MAY, TOMMY  
Address: 350 WILDERNESS WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: MAY, BARBARA  
Address: 237 WILDERNESS WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change ( ) Addition  
Name: MAY, TOMMY  
Address: 237 WILDERNESS WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY MAY

MR

01/07/2003

Electronic Signature of Signing Officer or Director

Date