

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099018

1. Entity Name
ACTIVE LIFE, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90025 017 ***150.00

Principal Place of Business
**19806 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH FL 32413**

Mailing Address
**POST OFFICE BOX 9073
PANAMA CITY BEACH FL 32417**

2. Principal Place of Business

3. Mailing Address

Post Office Box 550507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32255-0507

4. FEI Number

59-3679913

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

**HUTCHINSON, EDWARD A JR.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

Name

Presser, Lahnem + Edelman, PA

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

6622 Southport Dr. South

Suite 495

City

Jacksonville

FL

Zip Code

32255

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 **Evy E. Brown, CPA**

Evy E. Brown, CPA

3/2/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MASHIK, EDWARD**
CITY-ST-ZIP **8018 PEBBLE CREEK LANE, EAST
PONTE VEDRA FL 32082**

TITLE ☒ Change ☐ Addition
NAME **MASHIK, Edward**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COLSON, ANITA R**
CITY-ST-ZIP **19806 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH FL 32413**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 550507**
CITY-ST-ZIP **Jacksonville, FL 32255-0507**

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

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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: **Anita R. Colson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

850 236 5388

Date

Daytime Phone #

CR2E034 (10/00)