

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90142 033 ***150.00

DOCUMENT # 00000099018

1. Entity Name

Active Life, Inc.

DO NOT WRITE IN THIS SPACE

830568

2. Principal Place of Business

19806 Panama City Beach Pkwy.
Suite, Apt. #, etc.

3. Mailing Address

6622 Southpoint Dr. S.
Suite, Apt. #, etc.

Suite 495

DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach, FL

City & State

Jacksonville FL

4. FEI Number

59-3679913

Applied For

Not Applicable

Zip

32413

Country

Zip

32216

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Presser, Lahren & Edelman

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

6622 Southpoint Drive South

Suite 495

City

Jacksonville

FL

Zip Code

32216

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

STREET ADDRESS

CITY-ST-ZIP

D
Mashek, Edward
8018 Pebble Creek Lane East
Ponte Vedra, FL 32082

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

D
Colson, Anita R.
6622 Southpoint Dr. South, suite 495
Jacksonville, FL 32216

TITLE
NAME

STREET ADDRESS

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IN THIS SPACE**

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 Section 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anita R Colson President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 850 236 5391

Date

Daytime Phone #

CR2E034B (12/01)