

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 017 ***150.00

DOCUMENT # P00000105627

1. Entity Name
Live it or Diet Lifestyle Systems, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1400 E. Oakland Pk Blvd

3. Mailing Address
1400 E. Oakland Pk Blvd

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale, FL

4. FEI Number
65-1062530

Applied For
☐ Not Applicable

Zip
33334

Country
USA

Zip
33334

Country
USA

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 Gary Snyder
Street Address (P.O. Box Number is Not Acceptable)
1400 E. Oakland Pk Blvd Suite #100

City Ft. Lauderdale **FL** Zip Code 33334

3. 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 P
NAME Donna Michaels
STREET ADDRESS 1400 E. Oakland Pk Blvd #100
CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C
NAME Gary Snyder
STREET ADDRESS 1400 E. Oakland Pk Blvd #100
CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Snyder 4/29/02 954-584-5853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #