

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90109 045 \*\*\*150.00

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**DOCUMENT # P00000105627**

1. Entity Name

LIVE IT OR DIET LIFESTYLE SYSTEMS, INC.



Principal Place of Business  
1400 E OAKLAND PARK BLVD  
100  
FORT LAUDERDALE FL 33334

Mailing Address  
1400 E OAKLAND PARK BLVD  
100  
FORT LAUDERDALE FL 33334

2. Principal Place of Business

1290 E. OAKLAND PARK BLVD

3. Mailing Address

1290 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

Zip

33334

Country

Zip

33334

Country

4. FEI Number

65-1062530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SNYDER, GARY DR.  
341 NORTH BIRCH UNIT 117  
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name  
DR. GARY SNYDER  
Street Address (P.O. Box Number is Not Acceptable)  
3300 NE 16th Ct.

City  
FT. LAUDERDALE

FL

Zip Code  
33305

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/2/03

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
MICHAELS, DONNA  
341 NORTH BIRCH UNIT 117  
FT. LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
SNYDER, GARY S DR.  
341 NORTH BIRCH UNIT 117  
FT. LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

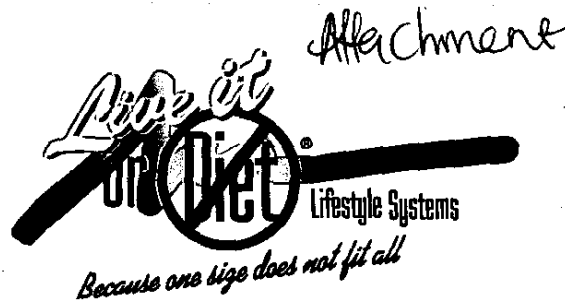
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/03

Date

Daytime Phone #

CR2E034 (4/03)



1290 East Oakland Park Blvd. Suite 100 Fort Lauderdale, FL 33334  
954-564-5053 / 888-733-8537 Fax: 954-564-5056  
www.LiveItOrDiet.com

TO: Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

REF: FEI # 65-1062530

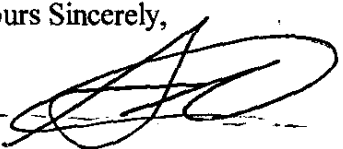
To whom it may concern,

Please find enclosed the completed application form for the reinstatement of Live It Or Diet Lifestyle Systems, Inc. FEI # 65-1062530

The only notification that I received this year, in reference to the filing of an Annual Report for Live It Or Diet Lifestyle Systems, Inc. was the Notice of Administrative Dissolution or Revocation letter that was received last week.

Therefore, I am respectfully requesting that you accept my attached payment in the amount of \$150.00 as payment in full for the 2003 filing of Live It Or Diet Lifestyle Systems, Inc. Annual Report.

Yours Sincerely,

  
Dr. Gary Snyder