

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000106061**

1. Entity Name

PURLIFE CORPORATION**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90016 023 ***150.00

Principal Place of Business

7629 PACIFIC HEIGHTS CIR
ORLANDO FL 32835

Mailing Address

7629 PACIFIC HEIGHTS CIR
ORLANDO FL 32835

2. Principal Place of Business

2847 Shadow View Circle

Suite, Apt. #, etc.

3. Mailing Address

2847 Shadow View Circle

Suite, Apt. #, etc.

City & State

Maitland, Florida

City & State

Maitland, Florida

4. FEI Number

59-3684684

Applied For

Not Applicable

Zip

32751

Country

U.S.A

Zip

32751

Country

U.S.A5. 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

BARRETT, KEVIN**2847 SHADOW VIEW CIR
MAITLAND FL 32751**

Name

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

City

FL

Zip Code

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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BARRETT, KEVIN	2847 SHADOW VIEW CIR	MAITLAND FL 32751	<input type="checkbox"/>
D	CHUNG-DYER, ROYENA	7629 PACIFIC HEIGHTS CIR	ORLANDO FL 32835	<input checked="" type="checkbox"/>
D	BUCKLEY, ROWENA	5611 MOAT CT	ORLANDO FL 32810	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

407 643 7944

Daytime Phone #

CR2E034 (10/00)