

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90012 048 ***150.00

DOCUMENT # P00000109461

1. Entity Name
SECOND LIFE ENTERPRISES, INC.

Principal Place of Business

~~2267 HWY 98 EAST~~
CARRABELLE FL 32322

Mailing Address

~~2267 HWY 98 EAST~~
CARRABELLE FL 32322

2. Principal Place of Business

143 BETTY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

143 BETTY DR

Suite, Apt. #, etc.

City & State

PORT ST JOE

City & State

PORT ST JOE

Zip

32456

Country

GULF

Zip

32456

Country

GULF

4. FEI Number

59-3708091

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRAUSE, RICHARD W
2267 HWY 98 EAST
CARRABELLE FL 32322

Name

RICHARD W KRAUSE

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

143 BETTY DRIVE

City

PORT ST JOE

FL

Zip Code

32456

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, RICHARD W	
STREET ADDRESS	2267 HWY 98 EAST	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANZEN, PATRICIA B	
STREET ADDRESS	2267 HWY 98 EAST	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD W KRAUSE	
STREET ADDRESS	143 BETTY DRIVE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA B FRANZEN	
STREET ADDRESS	143 BETTY DRIVE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/02

Daytime Phone #

850 227 7765

CR2E034 (9/01)