

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029421

1. Entity Name

NEW LIFE WEIGHT LOSS CENTER, INC.



FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

03 APR -8 PM 4:53

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1680 SW Bayshore Blvd
Suite, Apt. #, etc.
#104

3. Mailing Address

1680 S.W. Bayshore Blvd
Suite, Apt. #, etc.
#104

800016127898

04/17/03--01003--024 **150.00

DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

FEI Number

59-3706135

Applied For

Not Applicable

Zip
34984

Country
U.S.

Zip
34984

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City Miami

FL

Zip Code 33145

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IN THIS SPACE

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 resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PTD
Schneider, Brian A.
1680 SW Bayshore Blvd, #104
Port St. Lucie, Florida 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
Stifel, Judith L.
1680 SW Bayshore Blvd, #104
Port St. Lucie, Florida 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Larsen, Beverley P.
1680 SW Bayshore Blvd, #104
Port St. Lucie, Florida 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with another like empowered.

SIGNATURE:

Brian A. Schneider

Date

04/03/03

(772) 344-9095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)