CR2E034 (9/01

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## 2002 Uniform Business Report (UBR)

## Mar 29, 2002 8:00 am DOCUMENT # P01000032033 **Secretary of State** 1. Entity Name 03-29-2002 90202 014 \*\*\*150.00 LIFELINE COMPUTER & NETWORK SERVICES, INC. Principal Place of Business Mailing Address 4710 NW 13TH COURT 4710 NW 13TH COURT **LAUDERHILL FL 33313-5502** LAUDERHILL FL 33313-5502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICOLLE, DARRELL Street Address (P.O. Box Number is Not Acceptable) 4710 NW 13TH COURT **LAUDERHILL FL 33313-5502** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to g Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NICOLLE, DARRELL NAME **4710 NW 13TH COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313-5502 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.



2002 Fforda intangible Personal Property Tax Return for Corporation, Partnership, and Fiduciary Filers as of January 1, 2002

FEIN 742995970

Status Amended Bank/Trust

Year Address Change Name

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