

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90371 050 ***150.00

0344294 AV

DOCUMENT # P01000032033

1. Entity Name
LIFELINE COMPUTER & NETWORK SERVICES, INC.



Principal Place of Business
4710 NW 13TH COURT
LAUDERHILL FL 33313-5502

Mailing Address
4710 NW 13TH COURT
LAUDERHILL FL 33313-5502

69010000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2995970**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. 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

NICOLLE, DARRELL
4710 NW 13TH COURT
LAUDERHILL FL 33313-5502

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP** ☐ Delete
NAME: **NICOLLE, DARRELL**
STREET ADDRESS: **4710 NW 13TH COURT**
CITY-ST-ZIP: **LAUDERHILL FL 33313-5502**

TITLE: **SD** ☐ Change ☒ Addition
NAME: **NICOLLE, MARY**
STREET ADDRESS: **4710 NW 13TH COURT**
CITY-ST-ZIP: **LAUDERHILL FL 33313-5502**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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: Darrell Nicole **DARRELL NICOLLE** 4/10/03 9546778457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)