


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90816 035 \*\*\*150.00

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<b>DOCUMENT #</b> P01000040276	
<b>1. Entity Name</b> THE ETERNAL SOUL & LIFE'S MEANING, INC. "FOR GOD IN HONOR OF TINA DIGIULIO"	

<b>Principal Place of Business</b> P O BOX 1071 LARGO FL 33770	<b>Mailing Address</b> P O BOX 1071 LARGO FL 33770
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<b>2. Principal Place of Business</b> 15023 GULF BLVD. Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 8743 Suite, Apt. #, etc.
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<b>City &amp; State</b> MADEIRA BEACH, FL	<b>City &amp; State</b> MADEIRA BEACH, FL.
<b>Zip</b> 33708-2023	<b>Country</b> USA
<b>Zip</b> 33738	<b>Country</b> USA

☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3716791	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> <del>DIGIULIO</del> <del>GIGIULIO, MARY L</del> 204 10TH AVE INDIAN ROCKS BEACH FL 33785
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<b>7. Name and Address of New Registered Agent</b> Name <u>MARY L. DiGiulio</u> Street Address (P.O. Box Number is Not Acceptable) 15023 GULF BLVD City <u>MADEIRA BEACH</u> FL <u>33708-2023</u>
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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D. DIGIULIO, MARY L</b> 204 10TH AVE INDIAN ROCKS BEACH FL 33785
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MARY L. DiGiulio</b> 15023 GULF BLVD MADEIRA BEACH, FL. 33708-2023
<b>TITLE</b> 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** MARY L. DiGiulio **4/17/03 (722) 320-8462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)