2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000040276 DOCUMENT

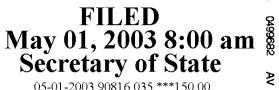
THE ETERNAL SOUL & LIFE'S MEANING, INC. "FOR GOD IN HONOR OF TINA DIGIULIO"



Principal Place of Business

P O BOX 1071 LARGO FL 33770 Mailing Address P O BOX 1071 LARGO FL 33770

15023 GULF BLVD.	3. Mailing Address 8743
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05-01-2003 90816 035 ***150.00

- Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	TRA BEACH, FL	City & State MADEIRA	BEACH,	EL. 4.	FEI Number 59-3716791		oplied For	
3370		Zip 33738	Country USA		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	tegistered Agent		7.	Name and Address of New Reg	istered Agent		
-DIGH	• • •			MAR	y I DiG	11/210		
-GIGIULIO; MARY L					eet Address (P.O. Box Number is Not Acceptable)			
204 10TH	AVE		150	<u>23 (</u>	SULF BLUD			
indian Ro	OCKS BEACH FL 33785	•						
			MADE	TRA B	BEACH	FL Zip Code	8-2023	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	registered a	gent, or both, in the State of Florid	a. I am familiar with,	and accept	
the obligat	ions of registered agent.				•			
SIGNATURE .								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signatu	re required when	reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			9. Election Campaign Finan Trust Fund Contribution.	· — · · · ·	May Be I to Fees	
10.		DIRECTORS	11.		DDITIONS/CHANGES TO OFFICE		3 IN 11	
pite 🧐		☐ Delete	TITLE	PRESIC	Y L. D. Giulio	>	☐ Addition	
NAME STREET ADDRESS	DIGIULIO, MARY L 204 10TH AVE		NAME STREET ADDRESS	15023	GULF BLVD	γ_{i}	Ì	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		CITY-ST-ZIP	MADE	DRA BEACH, FL	. 3 37a X- 2	023	
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	ertify that the information supplied with the	his filing does not qualify for t	JI	ed in Section	119.07(3)(i), Florida Statutes. I fue	ther certify that the in	nformation	

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: