

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90747 028 \*\*\*150.00

0054626  
AV

**DOCUMENT # P01000064915**

1. Entity Name  
**TO LIFE INTERNATIONAL, INC.**



Principal Place of Business  
**90 SPIRES LN. UNIT 11A  
SANTA ROSA BEACH FL 32459**

Mailing Address  
**90 SPIRES LN. UNIT 11A  
SANTA ROSA BEACH FL 32459**



2. Principal Place of Business  
**PO Box 1213**

3. Mailing Address  
**PO Box 1213**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**SANTA ROSA Bch FL**

City & State  
**SANTA ROSA Bch FL**

Zip  
**32459**

Country  
**USA**

4. FEI Number  
**59-3736514**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMSON, A. WAYNE ESQ  
WELTON & WILLIAMSON, P.A.  
1020 FERDON BLVD S  
CRESTVIEW FL 32536**

**7. Name and Address of New Registered Agent**

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NASRALLAH, JAN</b>	
STREET ADDRESS	<b>90 SPIRES LN, UNIT 11A</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NASRALLAH, MICHAEL</b>	
STREET ADDRESS	<b>90 SPIRES LN, UNIT 11A</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PO Box 1213</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PO Box 1213</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *JAN NASRALLAH* **SIGNATURE REQUIRED** **JANE NASRALLAH PRES.** **3-5-03** **850-217-2243**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)