

**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

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
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1213
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SANTA ROSA Bch FL
Zip
32459 Country
USA

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NASRALLAH, JAN
90 SPIRES LN, UNIT 11A
SANTA ROSA BEACH FL 32459** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NASRALLAH, MICHAEL
90 SPIRES LN, UNIT 11A
SANTA ROSA BEACH FL 32459** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Box 1213 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Box 1213 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-03 850-217-2243

CR2E034 (10/02)