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FILED
May 01, 2002 8:00 am
Secretary of State

02-20-2002 90150 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068749

1. Entity Name

LIFE MANAGEMENT 101 INC

Principal Place of Business

**440 PGA BLVD STE 723
PALM BEACH GARDENS FL 33410**

Mailing Address

**440 PGA BLVD STE 723
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**4400 P.G.A. Blvd
Suite, Apt. #, etc.**

3. Mailing Address

**4400 P.G.A. Blvd
Suite, Apt. #, etc.**

City & State

City & State

4. FBI Number

651124966

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

**FRANK, LISA LISA Jacoby
6674 MONTEGO BAY BLVD #B
BOCA RATON FL 33433**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 4 applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(Type criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LISA JACOBY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President LISA JACOBY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer LISA JACOBY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary LISA JACOBY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6674 B Montego Bay Blvd	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boca Raton, FL 33433	☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/01)