

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90128 008 ***150.00

DOCUMENT # P01000068749

1. Entity Name
LIFE MANAGEMENT 101 INC



Principal Place of Business
4400 PGA BLVD STE 723
PALM BEACH GARDENS FL 33410

Mailing Address
4400 PGA BLVD STE 723
PALM BEACH GARDENS FL 33410



2. Principal Place of Business
4400 PGA Blvd
Suite, Apt. #, etc. 205

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Palm Beach Gardens

City & State

4. FEI Number **65-1124966**

Applied For
Not Applicable

Zip **FL 33410 (Palm Beach)**

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

JACOBY, LISA
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ **Delete**
NAME **JACOBY, LISA**
STREET ADDRESS **6674 MONTEGO BAY BLVD #8**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ **Change** ☐ **Addition**
NAME **BLUM, LISA**
STREET ADDRESS **174 ESPERANZA WAY**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)