FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90618 024 ***150.00

DOCUMENT # P01000093317

1. Entity Name
Life Duty, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9145 SE Delafield St.	P.O. Box 1311
Suite, Apt. #, etc. #	Suite, Apt. #, etc.
City & State: Hobe Sound, FLA	City & State: Hobe Sound, FLA
Zip: 33455 Country: USA	Zip: 33475 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1143205 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jamie M. Irvin

Street Address (P.O. Box Number is Not Acceptable): 9145 SE Delafield Street

City: Hobe Sound, **FL** Zip Code: 33455

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: _____ DATE: 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Bruce E. Parent
STREET ADDRESS	19799 157th Street North
CITY-ST-ZIP	Jupiter, Fla. 33478
TITLE	Vice President
NAME	John E. Irvin, JR.
STREET ADDRESS	9145 SE Delafield Street
CITY-ST-ZIP	Hobe Sound, Fla. 33455
TITLE	Sec/Treasurer
NAME	Jamie M. Irvin
STREET ADDRESS	9145 SE Delafield Street
CITY-ST-ZIP	Hobe Sound, Fla. 33455
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/14/03 (772) 546-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #