

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90138 045 \*\*\*150.00

**DOCUMENT # P01000111389**

1. Entity Name

EXPRESSIONS OF NEW LIFE PRODUCTIONS, INC.



Principal Place of Business

2055 LAKESIDE DRIVE  
JACKSONVILLE BEACH FL 32250

Mailing Address

2055 LAKESIDE DRIVE  
JACKSONVILLE BEACH FL 32250

11029855



2. Principal Place of Business

2055 Lakeside Dr.  
Jax Bch FL 32250  
Suite, Apt. #, etc.

3. Mailing Address

2055 Lakeside Dr.  
Jax Bch FL 32250  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Jax Bch FL

Zip  
32250

Country

Duval

City & State

Jax Bch FL

Zip

32250

Country

Duval

4. FEI Number

30-0046713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROWLAND, JANET  
13911 SOUND OVERLOOK DR N  
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

X Name

Janet L. Rowland

Street Address (P.O. Box Number is Not Acceptable)

16308 Royal Park Ct.

City

Tampa

FL

Zip Code

33647

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 *Janet L. Rowland*

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 **P** ☐ Delete  
NAME **CARLETON, CHERYL**  
STREET ADDRESS **2055 LAKESIDE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **VP** ☐ Delete  
NAME **ROWLAND, JANET**  
STREET ADDRESS **13911 SOUND OVERLOOK DR N**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☒ Change ☐ Addition  
NAME **Janet Rowland**  
STREET ADDRESS **16308 Royal Park Ct**  
CITY-ST-ZIP **Tampa, FL 33647**

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

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

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

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: *Cheryl Carleton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cheryl Carleton* 4/11/03

Date

Daytime Phone #

904-246-

5700

CR2E034 (10/02)