2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

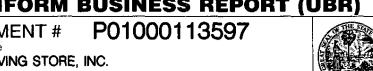
CITY-ST-ZIP

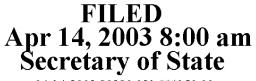
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ACTIVE LIVING STORE, INC.				
Principal Place of Business 30139 JOHNSONS POINT ROAD	Mailing Address P.O. BOX 492722			
FESBURG FL 34748	LEESBURG EL 34749			





04-14-2003 90380 021 ***150.00

		•				<u> </u>				
Principal Place of Business 30139 JOHNSONS POINT ROAD LEESBURG FL 34748		Mailing Address P.O. BOX 492722 LEESBURG FL 34749								
2. Principal F	Place of Busine	ess	3. Mai	ling Address		<u></u>	\dashv			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-		☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	FEI Number 59-3760580 Applied For Not Applicable		
Zip		Country	Zip		Coun	try	5.	i. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name a	and Address of Current P	egistere	ed Agent			7.	. Name and Address of New Registered Agent		
	•	Marin Laborator		±		Name Street Address (P.O. Box Number is Not Acceptable)				
SEWELL,	STEPHEN G									
907 WEBS	STER STREE	T				Sileet Addres	Idress (P.O. Box Number is Not Acceptable)			
LEESBUR	G FL 34748									
						City		FL Zip Code		
9 The chour	annod ooth:	aulamita this statement for	the num	ann of changing its	romintore	d office or real		agent, or both, in the State of Florida. I am familiar with, and accept		
	tions of registe		rue borb	ose of changing its	registere	a onice or regi	siereu a	agent, or both, in the State of Florida. I am familial with, and accept		
	•									
SIGNATURE	Signature, typed o	r printed name of registered agent ar	id title il app	licable. (NOTE	: Registere	d Agent signature req	uired wher	on reinstating) DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.		OFFICERS AND D	IRECTO	RS	11.		ļ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTLE, S 30139 JOH LEESBURG	NSONS POINT ROAD		☐ Delete		1		☐ Change ☐ Addition		
TITLE NAME	ST WHITTLE, F	PAGE R		☐ Delete	TITLE			☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP	1104 CEDA LEESBURG	r street			STRE	ET ADDRESS ST-ZIP				
TITLE				☐ Delete	TITLE			☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP			•	يان ۱۰ در ميسين در ميسين	STRE	ET ADDRESS ST-ZIP	-	and which the content of the second of the s		
TITLE				☐ Delete	TITLE			☐ Change ☐ Addition		

12. Thereby 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

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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☐ Change

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CR2E034 (10/02)