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

05-05-2003 90257 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000035139

1. Entity Name
LIFELONG FINANCIAL SOLUTIONS, INC.

90124285

Principal Place of Business	Mailing Address
732 NE 12TH TERRACE STE 7 BOYNTON BEACH, FL 33435	732 NE 12TH TERRACE STE 7 BOYNTON BEACH, FL 33435

2. Principal Place of Business	3. Mailing Address
200 KNUTH ROAD	200 KNUTH ROAD
Suite, Apt. #, etc.: SUITE 118	Suite, Apt. #, etc.: SUITE 118
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33436 Country: USA	Zip: 33436 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0416157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALPERT, JASON L
732 NE 12TH TERRACE STE 7
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: WALPERT, JASON L STREET ADDRESS: 732 NE 12TH TERRACE STE 7 CITY-ST-ZIP: BOYNTON BEACH, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: Jason L Walpert JASON WALPERT DIRECTOR 4/28/03 561-374-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #