

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*Amended Fee
FILED 61.25*

DOCUMENT #	P02000036664
1. Entity Name	REVIVE-A-LIFE, INC.



03 JUN 17 AM 10:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8010 SE 131 PL Lot 13	3. Mailing Address 8010 SE 131 PL Lot 13
Suite, Apt. #, etc. LOT 13	Suite, Apt. #, etc. LOT 13
City & State Summerfield, FL	City & State Summerfield, FL
County Marion	County Marion

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FOSTER, SIDNEY D
Street Address (P.O. Box Number is Not Acceptable) 8010 SE 131 PL LOT 13
City SUMMERFIELD FL Zip Code 34491

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, SIDNEY D 8010 SE 131 PL LOT 13 Summerfield, FL 34491	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600020976896 06/18/03--01058--015 **61.25
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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:

Sidney Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-03 352-245-2680
Date Daytime Phone #

CR2E034B (12/02)