FILED
Jun 02, 2003 8:00 am
Secretary of State
04-30-2003 90118 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045850.

1. Entity Name
TO LIVE LONGER, INC.

55045472

Principal Place of Business	Mailing Address
18248 49 TH ST N LOXAHATCHEE, FL 33470	18248 49 TH ST N LOXAHATCHEE, FL 33470

2. Principal Place of Business: 1802 N Dixie Hwy
Suite, Apt. #, etc.:
City & State: Lake Worth FL
Zip: 33461 Country:

3. Mailing Address: none
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☐ CHECK HERE IF MAKING CHANGES.

4. FEI Number: 22-0587611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3160 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name: CONVERTINO FRANK
Street Address (P.O. Box Number Is Not Acceptable): 9291 NW 23 ST
City: PP 33024 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE

FILE NOW! FEE $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOLLINGER, WILHELM A 18248 49 TH ST N LOXAHATCHEE, FL 33470 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK Pres 9291 NW 23 St Pembroke Pines FL 33024 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President none 9291 NW 23 St ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Phyllis Treasurer 9291 NW 23 St Pembroke Pines 33024 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer ☐ Change ☐ Addition Pembroke Pines FL 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wilhelm Tollinger Secretary ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	18428 49th St N Loxahatchee FL 33470 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Wilhelm A Tollinger 2/16/03 (561) 635-0575
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #