

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90156 004 ***150.00

DOCUMENT # P02000063439

1. Entity Name
DERMALIFE ENTERPRISES, INC.



Principal Place of Business
822 CAMARGO WAY
SUITE 302
ALTAMONTE SPRINGS FL 32714

Mailing Address
822 CAMARGO WAY
SUITE 302
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

P.O. BOX 160114

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ALT. SPRINGS FL.

City & State

City & State

32716-0614

FBI Number

38-2170815

Applied For

Not Applicable

Zip

Country

Zip

Country

USA.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ALEXANDER E
822 CAMARGO WAY
SUITE 302
ALTAMONTE SPRINGS FL 32714

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. PRESIDENT OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ALEXANDER E. GONZALEZ** ☐ Delete
NAME
STREET ADDRESS **822 CAMARGO WAY #302**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE **SECRETARY** ☐ Delete
NAME **EDITH PASTOR**
STREET ADDRESS **822 CAMARGO WAY #302**
CITY-ST-ZIP **ALT. SPRING FL 32714**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

02/26/03 (407) 389-5740

CR2E034 (10/02)