

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90051 046 ***150.00

DOCUMENT # P02000089012

1. Entity Name
YOUR LIFE CHOICES, INC.



Principal Place of Business
12615 COLLEGE HILL DR.
HUDSON, FL 34667

Mailing Address
12615 COLLEGE HILL DR.
HUDSON, FL 34667

70133655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

74-3058179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, JIMMY A SR
12615 COLLEGE HILL DR.
HUDSON, FL 34667

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 amending)

DATE

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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

TITLE **P** ☐ Delete
NAME **CARROLL, WACELIA L**
STREET ADDRESS **12615 COLLEGE HILL DR.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **V** ☐ Delete
NAME **CARROLL, LENNY S SR**
STREET ADDRESS **12615 COLLEGE HILL DR.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **SEC** ☐ Delete
NAME **CARROLL, JIMMY A SR**
STREET ADDRESS **12615 COLLEGE HILL DR.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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: *Jimmy A. Carroll* **Jimmy A. CARROLL** 5/8/03 727 868-2779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
90133655
P02000089012
Your Life Choices, Inc.
12615 College Hill Dr.
Hudson, fl. 34667
(727) 868-2779


May 8, 2003

Florida Department of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

I have enclosed the 2003 for profit corporation uniform business report due May 1, 2003. I never received a form to file. I was able to download this form from the internet.

Sincerely,


Jimmy A. Carroll