APR-28-03 10:04 FROM:Goren Cherof Doody Ezrol ID:9547

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91011 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000124815

1. Entity Name
TAKE CHARGE LIFESTYLE, INC.

Principal Place of Business	Mailing Address
~~2001 PALM BEACH LAKES BLVD. SUITE 606 WEST PALM BEACH, FL 33401~~	~~2001 PALM BEACH LAKES BLVD. SUITE 606 WEST PALM BEACH, FL 33401~~
2. Principal Place of Business: 4160 Brook Circle West	3. Mailing Address: 4160 Brook Circle West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, Florida	City & State: West Palm Beach, Florida
Zip: 33417 Country: U.S.A.	Zip: 33417 Country: U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 54-2107188 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CIRULLO, MICHAEL D JR
5099 EAST COMMERCIAL BOULEVARD
SUITE 200
FORT LAUDERDALE, FL 33308

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 ______ DATE

[redacted]

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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CIRULLO, MICHAEL D SR	NAME	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD. SUITE 606	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael D. Cirullo SR.