

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90006 028 ***150.00

DOCUMENT # P95000069593

1. Entity Name
LIFE EXTENDERS, INC.

Principal Place of Business

Mailing Address

**661 N. ORLANDO AVE.
MAITLAND FL 32751
US**

**661 N. ORLANDO AVE.
MAITLAND FL 32751
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3336352**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, GEORGE A
2133 SORRENTO ROAD
WINTER PARK FL 32792**

Name

COLLINS, GEORGE A.

Street Address (P.O. Box Number is Not Acceptable)

661 N. ORLANDO AVE

City

MAITLAND

FL

Zip Code

32751

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.

SIGNATURE *George A. Collins*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COLLINS, GEORGE A
2474 ROUSE ROAD
ORLANDO FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COLLINS, GEORGE A.
661 N. ORLANDO AVE
MAITLAND, FL 32751** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LUTHER C. MATTHEWS
2474 ROUSE ROAD
ORLANDO FL 32817** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George A. Collins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (407) 599-9600
Date Daytime Phone #

CR2E034 (10/00)

00046573



DO NOT WRITE IN THIS SPACE