

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90300 029 \*\*\*150.00

**DOCUMENT # P95000088405**

1. Entity Name  
**STAFF OF LIFE, INC.**



Principal Place of Business  
**123 N. PARTIN DR.  
NICEVILLE FL 32578  
US**

Mailing Address  
**123 N. PARTIN DR.  
NICEVILLE FL 32578  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3344116**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CECIL, SANDRA L  
624 FOREMAN RD  
DEFUNIAK SPRINGS FL 32433**

Name

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

City

**De Funiak Spgs. FL**

FL

Zip Code

**32435**

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CECIL, JOHN H	
STREET ADDRESS	5836 HWY 90 W	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CECIL, SANDRA L	
STREET ADDRESS	5836 HWY 90 W	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCMILLAN, BELINDA C	
STREET ADDRESS	5838 US HWY 90W	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CECIL, JOHN H.	
STREET ADDRESS	5836 US HWY 90W	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CECIL, SANDRA L.	
STREET ADDRESS	5836 US HWY 90W	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCMILLAN, BELINDA C	
STREET ADDRESS	5838 HWY 90 W	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECIL, JOHN H.	
STREET ADDRESS	624 Foreman Rd.	
CITY-ST-ZIP	De Funiak Spgs. FL 32435	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cecil, Sandra L.	
STREET ADDRESS	624 Foreman Rd.	
CITY-ST-ZIP	De Funiak Spgs. FL 32435	
TITLE	V.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mc Millan, Belinda C.	
STREET ADDRESS	624 Foreman Rd.	
CITY-ST-ZIP	De Funiak Spgs. FL 32435	
TITLE	DC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cecil, John H.	
STREET ADDRESS	624 Foreman Rd.	
CITY-ST-ZIP	De Funiak Spgs. FL 32435	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cecil, Sandra L.	
STREET ADDRESS	624 Foreman Rd.	
CITY-ST-ZIP	De Funiak Spgs. FL 32435	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mc Millan, Belinda C.	
STREET ADDRESS	624 Foreman Rd.	
CITY-ST-ZIP	De Funiak Spgs. FL 32435	

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: *Sandra L. Cecil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 850-892-3081  
Date Daytime Phone #

CR2E034 (10/02)