

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90009 042 ***150.00

DOCUMENT # P96000095071

1. Entity Name
NEW LIFE TECHNOLOGY, INC.

Principal Place of Business
NEW LIFE 2000 INC
1256 COMMONS CT-STE 2079
CLERMONT FL 34711
US

Mailing Address
NEW LIFE 2000 INC
1256 COMMONS CT STE 2079
CLERMONT FL 34711
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>New Life Technology, Inc.</i> Suite, Apt. #, etc. <i>1256 Commons Court</i> City & State <i>Clermont FL</i> Zip <i>34711</i>		3. Mailing Address <i>New Life Technology, Inc.</i> Suite, Apt. #, etc. <i>1256 Commons Court</i> City & State <i>Clermont, FL</i> Zip <i>34711</i>	
Country <i>USA</i>		Country <i>USA</i>	

4. FEI Number 65-0709879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BECKETT, ROY 7624 SAN REMO PLACE ORLANDO FL 32835	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKETT, ROY 7624 SAN REMO PLACE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECKETT, ESTHER P 7624 SAN REMO PLACE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/17/02** **352-243-3677**
 Date Daytime Phone #

CR2E034 (9/01)