

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100936

1. Entity Name

NEWLIFE HEALTH PRODUCTS, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90107 005 \*\*\*150.00

0475321

Principal Place of Business

5616 TRIMBLE PARK ROAD  
MT. DORA FL 32757

Mailing Address

197 SEMORAN BLVD  
FER PARK FL 32730  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3414511**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAEKYOUNG, HEATHER YU  
5616 TRIMBLE PARK ROAD  
MT. DORA FL 32757

7. Name and Address of New Registered Agent

Name

*Yu, Haekyoung Heather*

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

*5616 Trimble PK Rd*

City

*Mt. Dora,*

**FL**

Zip Code

*32757*

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

*Haekyoung Yu*

*4/2/01*

Signature, typed or printed name of registered agent and title if applicable.

(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.  
(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

TITLE **P** ☒ Delete  
NAME **HAEKYOUNG, HEATHER Y**  
STREET ADDRESS **5616 TRIMBLE PARK ROAD**  
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **VP** ☒ Delete  
NAME **LUCSKO, ELIZABETH H**  
STREET ADDRESS **5616 TRIMBLE PK RD**  
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Yu, HAEKYOUNG H.**  
STREET ADDRESS **5616 Trimble PK Rd**  
CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE **VP** ☒ Change ☐ Addition  
NAME **LUCSKO, ELIZABETH H.**  
STREET ADDRESS **5616 Trimble PK Rd**  
CITY-ST-ZIP **Mt. Dora, FL 32757**

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

*Haekyoung Yu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/01*

Date

*407-830-9824*

Daytime Phone #

CR2E034 (10/00)