

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90059 023 \*\*\*150.00

DOCUMENT # *P9Y000011312*

1. Entity Name

*Renew Life Formulas, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2076 Sunnydale Blvd*

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Clearwater FL*

Zip

*33765*

Country

*USA*

City & State

*Same*

Zip

Country

4. FEI Number

*54-3437074*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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

*Tommy Stanley Watson*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

*Tommy Stanley Watson 3-14-05*

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE	<i>President</i>
NAME	<i>Watson, Brenda</i>
STREET ADDRESS	<i>2141 Lagoon Drive</i>
CITY-ST-ZIP	<i>Dunedin, FL 34698</i>
TITLE	<i>CEO</i>
NAME	<i>Watson, Stan</i>
STREET ADDRESS	<i>2141 Lagoon Drive</i>
CITY-ST-ZIP	<i>Dunedin, FL 34698</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tommy Stanley Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tommy Stanley Watson 3-14-05*

Date

Daytime Phone #

*727-450-1061*