

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000023806****1. Entity Name**
SAMSON LIFEWORKS, INC.**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90011 022 ***150.00

Principal Place of Business**6509 CENTRAL AVE.**
ST. PETERSBURG FL 33710
US**Mailing Address****6509 CENTRAL AVE.**
ST. PETERSBURG FL 33710
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 **59-3449523**

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****LUX, ROBERT M**
6950 CENTRAL AVE
ST PETERSBURG FL 33707

Name

LUX, ROBERT M.

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

6509 CENTRAL AVENUE

City

ST. PETERSBURG**FL**

Zip Code

33710**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

*Robert M. Lux***ROBERT M. LUX***01-21-01*

Signature, typed or printed name of registered agent and date 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GUTERMAN, BARBARA SAMSON
6509 CENTRAL AVE.
ST. PETERSBURG FL 33710 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Barbara Samson Guterma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**BARBARA SAMSON GUTERMAN**

Date

Daytime Phone #

727-341-1516

CR2E034 (10/00)