

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0047745 AV

DOCUMENT # P97000023806

1. Entity Name
SAMSON LIFEWORKS, INC.

02-19-2002 90018 034 ***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
1135 PASADENA AVE. SO.

3. Mailing Address
1135 PASADENA AVE. SO.

Suite, Apt., #, etc.
SUITE 304

Suite, Apt., #, etc.
SUITE 304

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

4. FEI Number
59-3449523

Applied For
 Not Applicable

Zip Country
33707 USA

Zip Country
33707 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LUX, ROBERT M
6509 CENTRAL AVENUE
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
LUX, ROBERT M.
 Street Address (P.O. Box Number is Not Acceptable)
1135 PASADENA AVE. SO., SUITE 304
 City
ST. PETERSBURG FL Zip Code
33707

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. (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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **GUTERMAN, BARBARA SAMSON**
 STREET ADDRESS **6509 CENTRAL AVE.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **PD** ☒ Change ☐ Addition
 NAME **GUTERMAN, BARBARA SAMSON**
 STREET ADDRESS **1135 PASADENA AVE. SO., STE. 304**
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 Guterman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02
 Date

727-341-1516
 Daytime Phone #

CR2E034 (9/01)