

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90061 041 \*\*\*150.00

**DOCUMENT # P97000055291**

1. Entity Name

**QUALITY OF LIFE COACHING SERVICES, INC.**

Principal Place of Business

**3941 NORTH SHELL ROAD  
 SARASOTA FL 34242**

Mailing Address

**3941 NORTH SHELL ROAD  
 SARASOTA FL 34242**

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

**65-0768082**

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

**TAULERE, ALAIN P**

**3941 N SHELL RD**

**SARASOTA FL 34242**

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.

SIGNATURE

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, 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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **TAULERE, BONNIE**  
 CITY-ST-ZIP **3941 N SHELL RD  
 SARASOTA FL 34242**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **SCHMAGNER, MARY**  
 CITY-ST-ZIP **2491 8TH ST #77  
 SARASOTA FL 34237**

TITLE ☐ Delete  
 NAME **VPSD**  
 STREET ADDRESS **FERGUSON, ROBERT**  
 CITY-ST-ZIP **705 COBBS STREET  
 DURHAM NC 27707**

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **BEHRENS, GINNY**  
 CITY-ST-ZIP **4608 VINTAGE DR  
 SARASOTA FL 34243**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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 **VPD**  
 STREET ADDRESS **FERGUSON, ROBERT**  
 CITY-ST-ZIP **103 MILL ROCK CT  
 CARRBORO, NC 27510**

TITLE ☒ Change ☐ Addition  
 NAME **TREASURER**  
 STREET ADDRESS **PETAL DAHMEN**  
 CITY-ST-ZIP **4654 FLATBUSH AVE  
 SARASOTA FL 34233**

TITLE ☐ Change ☒ Addition  
 NAME **SEC**  
 STREET ADDRESS **ELIZABETH TREZISE**  
 CITY-ST-ZIP **416 WINDSWEEP DR  
 ASHEVILLE, NC 28801**

TITLE ☐ Change ☒ Addition  
 NAME **VP**  
 STREET ADDRESS **NICHOLS, KRISTEN**  
 CITY-ST-ZIP **121 HOLLY AVE  
 SARASOTA FL 34243**

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:

*Bonnie Taulere*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/02 941 3499752*  
 Date Daytime Phone #

CR2E034 (9/01)