

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90116 015 \*\*\*150.00

**DOCUMENT # P97000065205**

1. Entity Name  
**YOUR LIFE PUBLISHING CORPORATION**



Principal Place of Business  
**215 S OLIVE AVENUE  
#200  
WEST PALM BEACH FL 33401  
US**

Mailing Address  
**C/O MCGRATH & MEYERS PA  
5725 CORPORATE WAY #101  
WEST PALM BEACH FL 33407  
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 **65-0768795**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD, ROBERT J  
215 S OLIVE AVENUE  
#200  
WEST PALM BEACH FL 33401**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete  
NAME **ARNOLD, ROBERT J**  
STREET ADDRESS **215 S OLIVE AVE #200**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **PD** ☐ Delete  
NAME **HALMOS, PETER**  
STREET ADDRESS **215 S OLIVE AVE #200**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **VD** ☐ Delete  
NAME **TRAMMELL, NIKKI**  
STREET ADDRESS **215 S OLIVE AVE #200**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **TD** ☐ Delete  
NAME **MEYERS, GAIL**  
STREET ADDRESS **5725 CORP WAY #101**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **D** ☐ Delete  
NAME **HOOPES, JOSEPH C JR**  
STREET ADDRESS **19 W 44TH ST**  
CITY-ST-ZIP **NEW YORK NY 10036**

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

TITLE **D** ☐ Delete  
NAME **SIEGFRIED, ROBERT**  
STREET ADDRESS **KEKST & CO-437 MADISON AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10022**

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/3/3*

*See Attached List*

CR2E034 (10/02)

Attachment

90048336  
p97000065205

YOUR LIFE PUBLISHING CORPORATION  
OFFICERS AND DIRECTORS

ATTACHMENT TO 2003 CORPORATE ANNUAL

DIRECTORS:

Director  
Michael Kirkpatrick  
101 Churchill Road  
West Palm Beach, FL 33405

Director  
Claude H. "Butch" Trucks  
171 Dunbar Road  
Palm Beach, FL. 33480