2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jul 31, 2000 8:00 am Secretary of State DOCUMENT # P97000067254 1. Entity Name GOOD LIFE OF AMERICA, INC. 07-31-2000 90008 039 ***550.00 Mailing Address Principal Place of Business 1700 WEST 45TH STREET 5031 COSHOCTON WATERFORD MI 48327 WEST-PALM-BEACH FL 33407 3. Mailing Address 2. Principal Place of Busines Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0832184 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) **3732 N.W. 16TH STREET** FT. LAUDERDALE FL 33311-4132 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ■ Addition D ☐ Delete TITLE TITLE ROBERTS, JOHN T NAME NAME STREET ADDRESS STREET ADDRESS 5031 COSHOETON CITY-ST-ZIP CITY-ST-ZIP WATERFORD MI 48327 Addition Delete TITLE ☐ Change TITLE NAME WOLLOK, SANFORD L NAME STREET ADDRESS STREET ADDRESS 5031 COSHOETON CITY-ST-ZIP CITY-ST-ZIP WATERFORD MI 48327 ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with a time the proposed of the corporation of the corporation of the corporation of 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 in the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corporatio