

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90207 030 \*\*\*150.00

DOCUMENT # P97000078336

1. Entity Name
LIFETIME FINANCIAL CORPORATION

Principal Place of Business
13014 NORTH DALE MABRY #129
TAMPA FL 33618
Mailing Address
13014 NORTH DALE MABRY #129
TAMPA FL 33618-2808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
4. FEI Number 59-3472755
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CICETTI, ROBERT
13014 NORTH DALE MABRY #129
TAMPA FL 33618
7. Name and Address of New Registered Agent

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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes rows for CICETTI, ROBERT and other officers/directors with fields for Title, 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...

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-25-00
Daytime Phone #: 813-855-8482

CR2E034 (9/99)