

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90136 014 ***158.75

DOCUMENT # P98000038910

1. Entity Name
LIFIZZ, INC.

Principal Place of Business

**LIFIZZ, INC.
 3230 COMMERCE PLACE
 WEST PALM BEACH FL 33407**

Mailing Address

**C/O DARYL B. CRAMER & ASSOCIATES, P.A.
 515 N. FLAGLER DR #910
 WEST PALM BEACH FL 33401-4325**

2. Principal Place of Business

3. Mailing Address

C/O Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

City & State

City & State

West Palm Beach, FL

4. FEI Number

65-0830688

Applied For

Not Applicable

Zip

Country

Zip

Country

33401

USA

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

**CRAMER, DARYL B P.A.
 515 N. FLAGLER DR
 910
 WEST PALM BEACH FL 33401-4325**

Name **Daryl Cramer & Assoc., P.A.**

Street Address (P.O. Box Number is Not Acceptable)

515 N. Flagler Drive, Suite 910

City

West Palm Beach

FL

Zip Code

33401

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

Daryl B. Cramer, President

4/19/01

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, 2001 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 **PTD** ☐ Delete
 NAME **ROSEN, CHRISTER**
 STREET ADDRESS **3230 COMMERCE PLACE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Rackley, Michael A.**
 STREET ADDRESS **3230 Commerce Place**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **VSD** ☐ Delete
 NAME **PARNEVIK, JESPER**
 STREET ADDRESS **3230 COMMERCE PLACE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **VD** ☐ Change ☒ Addition
 NAME **McCallister, David**
 STREET ADDRESS **3230 Commerce Place**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **D** ☒ Delete
 NAME **GILLOTA, WILLIAM J**
 STREET ADDRESS **3230 COMMERCE PL**
 CITY-ST-ZIP **WEST PALM BCH FL 33407**

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

TITLE **VD** ☒ Delete
 NAME **SCHOONMAKER, WILLIAM E**
 STREET ADDRESS **3230 COMMERCE PLACE**
 CITY-ST-ZIP **WEST PALM BCH FL 33407**

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

TITLE **D** ☒ Delete
 NAME **JOHNSON, F. ROSS**
 STREET ADDRESS **3230 COMMERCE PL**
 CITY-ST-ZIP **WEST PALM BCH FL 33407**

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

TITLE **D** ☒ Delete
 NAME **CLARK, JOHN**
 STREET ADDRESS **3230 COMMERCE PL**
 CITY-ST-ZIP **WEST PALM BCH FL 33407**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

561-687-8270

Daytime Phone #

CR2E034 (10/00)

0282142