

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90698 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  
**% DARYL CRAMER AND ASSOC P. A.**  
**515 N. FLAGLER DR #910**  
**WEST PALM BEACH FL 33401-4325**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1095 Jupiter Park Drive**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 11**

Suite, Apt. #, etc.

City & State  
**Jupiter, Florida**

City & State

4. FEI Number  
**65-0830688**

Applied For  
 Not Applicable

Zip  
**33458**

Country  
**USA**

Zip  
 Country

5. Certificate of Status Desired **XXX** **\$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 STE 910**  
**WEST PALM BEACH FL 33401-4325**

Name  
**Daryl Cramer & Associates, 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 *[Signature]*  
 Signature, typed name of registered agent and date applied for (NOTE: Registered Agent signature required when reinstating)

*4/18/02*  
 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  
**VD**  
 NAME  
**RACKLEY, MICHAEL A**  
 STREET ADDRESS  
**3230 COMMERCE PLACE**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL 33407**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**VD**  
 NAME  
**MCCALLISTER, DAVID**  
 STREET ADDRESS  
**3230 COMMERCE PLACE**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL 33407**

TITLE  
**V,D**  
 NAME  
**McCallister, David**  
 STREET ADDRESS  
**1095 Jupiter Park Drive, Suite 11**  
 CITY-ST-ZIP  
**Jupiter, Florida 33458**

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

TITLE  
**D**  
 NAME  
**Clark, John**  
 STREET ADDRESS  
**1095 Jupiter Park Drive, Suite 11**  
 CITY-ST-ZIP  
**Jupiter, Florida 33458**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**P,T,D**  
 NAME  
**Rosen, Christer**  
 STREET ADDRESS  
**1095 Jupiter Park Drive, Suite 11**  
 CITY-ST-ZIP  
**Jupiter, Florida 33458**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**D**  
 NAME  
**Parnevik, Jesper**  
 STREET ADDRESS  
**1095 Jupiter Park Drive, Suite 11**  
 CITY-ST-ZIP  
**Jupiter, Florida 33458**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**S**  
 NAME  
**Spalding, Laura**  
 STREET ADDRESS  
**1095 Jupiter Park Drive, Suite 11**  
 CITY-ST-ZIP  
**Jupiter, Florida 33458**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 of the 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]* **Spalding, Laura** *5/1/02* (561) 445-0008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0349918 AV

CR2E034 (9/01)