

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**  
 05-04-2000 90170 020 \*\*\*150.00

**DOCUMENT # P98000038943**

1. Entity Name  
**US GOOD LIFE, INC.**

Principal Place of Business      Mailing Address  
**5117 CASTELLO DRIVE #1**      **5117 CASTELLO DRIVE #1**  
**NAPLES FL 34103**      **NAPLES FL 34133-0279**

2. Principal Place of Business      3. Mailing Address  
**28000 Spanish Wells Blvd.**      **P.O. Box 279**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**200**      **279**  
 City & State      City & State  
**Bonita Springs, FL**      **Bonita Springs, FL**  
 Zip      Zip      Country      Country  
**34135**      **34133**



DO NOT WRITE IN THIS SPACE

4. FEI Number      59-3506893      Applied For  
 Not Applicable  
 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  
**AMBURN, JAMES W**      Name  
**5117 CASTELLO DRIVE #1**      Street Address (P.O. Box Number is Not Acceptable)  
**NAPLES FL 34103**      **28000 Spanish Wells Blvd.**  
 City      City      Zip Code  
**Bonita Springs FL**      **34135**

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**  
 (See criteria on back)      **After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing      ☐ \$5.00 May Be Added to Fees  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>SCHMIDT, F.W.</b> <b>5117 CASTELLO DRIVE #1</b> <b>NAPLES FL 34103</b>			<b>28000 Spanish Wells Blvd.</b> <b>Bonita Springs, FL</b> <b>34135</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *J. Schmidt, Sec*      **01/24/2000**      **941-992-3355**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #