

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90173 007 ***150.00

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DOCUMENT # P98000103578

1. Entity Name
SECURELIFE, INC.

Principal Place of Business

**201 E COLLEGE BLVD
 #12
 NICEVILLE FL 32578**

Mailing Address

**PMB 230
 4516 HWY 20 EAST
 NICEVILLE FL 32578**



2. Principal Place of Business

2617 Brooker Trace Lane

3. Mailing Address

PMB 440

Suite, Apt. #, etc.

Suite, Apt. #, etc.

809 East Bloomingdale Avenue

DO NOT WRITE IN THIS SPACE

City & State

Valrico Florida

City & State

Brandon, Florida

4. FEI Number

59-3556242

Applied For

Not Applicable

Zip

33594-5657

Country

USA

Zip

33511-8113

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, STEVEN K
 36468 EMERALD COAST PARKWAY
 SUITE 2201
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-02

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

TITLE	P	☐ Delete
NAME	FISHMAN, STEVEN P	
STREET ADDRESS	1122 SANDALWOOD CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	ST	☐ Delete
NAME	FISHMAN, VIRGINIA A	
STREET ADDRESS	1122 SANDALWOOD CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02 813-654-0129

Date

Daytime Phone #

CR2E034 (9/01)