

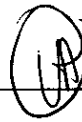
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90026 036 ***150.00

DOCUMENT # P99000004934

1. Entity Name
OUR LIFE PRODUCTS, INC.



Principal Place of Business
1400 NW 45TH STREET, UNIT B-7
POMPANO BEACH FL 33069

Mailing Address
1400 NW 45TH STREET, UNIT B-7
POMPANO BEACH FL 33069



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0967987**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

HOINES, DAVID A ESQ.
1290 E. OAKLAND PARK BLVD., #200
FT. LAUDERDALE FL 33334

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **CHAPPER, DAVID**
 STREET ADDRESS **1400 NW 45TH STREET, UNIT B-7**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE ☐ Delete
 NAME
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 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

9/11/01 **954-914-5757**
 Date Daytime Phone #

CR2E034 (5/01)

Attachment
#P99000004934

OUR LIFE PRODUCTS INC.

1400 NW 45TH Street, B-7, FL 33064
954-914-5757 Tel + 954-946-6120 Fax

C0077015

September 11, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P99000004934
Late Filing

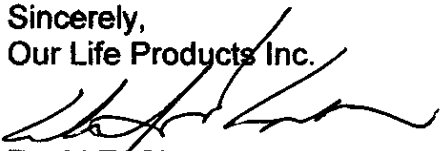
To Whom It May Concern:

This is to advise you that the original 2001 Uniform Business Report was never received by the corporation or myself as an individual. I did not realize when I received the notice requiring payment of \$550.00 to renew the corporation filing that this was a delinquent notice. I comment to an attorney friend the other day that we could not afford to keep the corporation active do to the high fees he advised me that this was a second notice.

We were advised to notify your agency that the original notice was never received and you would make a one-time exception and accept the normal filing fee of \$150.00. A check for this amount is enclosed. In the future we would appreciate timely receipt or notice of the filing deadline.

Thank you for your courtesy.

Sincerely,
Our Life Products Inc.



David E. Chapper
President