

DOCUMENT # P99000009141

1. Entity Name

STRONG FOR LIFE, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90171 037 \*\*\*150.00

Principal Place of Business

Mailing Address

3101 BEE RIDGE ROAD  
 UNIT 206  
 SARASOTA FL 34239

3101 BEE RIDGE ROAD  
 UNIT 206  
 SARASOTA FL 34239-7130

2. Principal Place of Business

3. Mailing Address

*Same as Above*  
 Suite, Apt. #, etc.

*Same as above*  
 Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0891740

☒ Applied For  
☐ Not Applicable

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

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

N/A

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

(NOTE: Registered Agent signature required when reinstating)

1-8-00

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, 2000 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	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
	PTD									
	PRESTON, PHILIP A	3101 BEE RIDGE ROAD	SARASOTA FL 34239							
	SVD									
	ACKERMAN, GARY L	3101 BEE RIDGE ROAD	SARASOTA FL 34239							

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]* Philip Preston  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-800  
 Date

941-926-8647  
 Daytime Phone #

CR2E034 (9/99)