

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90110 007 ***150.00

DOCUMENT # P99000011011

1. Entity Name
NEW LIFE STABLE, INC.

Principal Place of Business
955 DOTTEREL RD..APT.2107
DELRAY BEACH FL 33444

Mailing Address
955 DOTTEREL RD..APT.2107
DELRAY BEACH FL 33444

2. Principal Place of Business
645 CLEARBROOK CIRCLE

3. Mailing Address
645 CLEARBROOK CIRCLE

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33445

Country
Palm Beach

Zip
33445

Country
Palm Beach

4. FEI Number **65-0940286**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PROCINO, GERALD M
955 DOTTEREL RD..APT.2107
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name **GERALD M. PROCINO**

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

645 CLEARBROOK CIRCLE

City **DELRAY BEACH**

FL

Zip Code **33445**

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 **Gerald M Procino**

1-15-00

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 \$150.00
After MAY 1, 2001 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 **D** ☒ Delete
 NAME **PROCINO, GERALD M**
 STREET ADDRESS **955 DOTTEREL RD APT 2107**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **GERALD M. PROCINO** ☐ Delete
 NAME **GERALD M. PROCINO**
 STREET ADDRESS **645 CLEARBROOK CIRCLE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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
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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: **Gerald M Procino**

1-15-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)