

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
May 17, 2000 8:00 am
Secretary of State
 03-03-2000 90211 038 ***150.00

DOCUMENT # P99000012445

1. Entity Name

PARTNERS IN LIFE FINANCIAL SERVICES, INC.

Principal Place of Business

103A SOLANA ROAD
 PONTE VEDRA BEACH FL 32082

Mailing Address

103A SOLANA ROAD
 PONTE VEDRA BEACH FL 32082-2231

2. Principal Place of Business

814 Highway A1A N

Suite, Apt. # etc.

Suite 204

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

3. Mailing Address

814 Highway A1A N

Suite, Apt. # etc.

Suite 204

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

4. FEI Number

59-3556136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, WILLIAM L
 103A SOLANA ROAD
 PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

William L. Cassidy

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

814 Highway A1A North Ste 204

City

Ponte Vedra Beach

FL

Zip Code

32082

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 \$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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CASSIDY, WILLIAM L
 CITY-ST-ZIP 144 N. COVE DRIVE
 PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ARNALL, JOSEPH H
 CITY-ST-ZIP 3 SOUTH 21ST AVE.
 JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BUXBAUM, GERALD
 CITY-ST-ZIP 113 PADDOCK PLACE
 PONTE VEDRA BEACH FL 32082

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/00

904-285-6677

CR2E034 (9/99)