

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90032 013 \*\*\*150.00

**DOCUMENT # P99000019076**  
 1. Entity Name  
**LARGER THAN LIFE, INC.**

Principal Place of Business Mailing Address  
 5116 MYSTIC POINT COURT 5116 MYSTIC POINT COURT  
 ORLANDO FL 32812 ORLANDO FL 32812

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3566117** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CRAMER, CHARLES W**  
**1420 EDGEWATER DR**  
**ORLANDO FL 32804**

**7. Name and Address of New Registered Agent**  
 Name **Ronald B. Large**  
 Street Address (P.O. Box Number is Not Acceptable) **5116 Mystic Point Court**  
 City **Orlando** **FL** Zip Code **32812**

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 *Ronald B. Large* (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 13, 2000 Min. 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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LARGE, RON.</b>	
STREET ADDRESS	<b>5116 MYSTIC POINT COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald B. Large* **7/19/00** **407-658-2336**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment  
0#99900019076  
DW81388

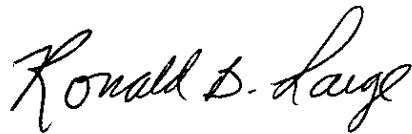
July 19, 2000

To Whom It May Concern:

Enclosed you will find the payment for the 2000 Uniform Business Report. I am a newly formed corporation and did not make this payment on time. I am requesting that the late fee be waved. I am trying to learn all the many aspects of being incorporated. This is an item I overlooked.

Thank you for your consideration in this matter.

Sincerely,



Ronald B. Large