

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026797

1. Entity Name

~~UPSELL USA, INC.~~ EnjoyLife International, Inc.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90088 021 ***150.00

Principal Place of Business

Mailing Address

829 MAPLETON TERRACE
SUITE 200
JACKSONVILLE FL 32207

829 MAPLETON TERRACE
SUITE 200
JACKSONVILLE FL 32207-5204

2. Principal Place of Business

3. Mailing Address

1611 MAYFAIR ROAD
Suite, Apt. #, etc.
202 D

P.O. Box 10488
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL.

City & State
JACKSONVILLE, FL.

4. FEI Number
59-3565779

Applied For
Not Applicable

Zip
32207

Country
USA

Zip
32247-0488

Country
USA

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

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 \$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	PSTD FAIRCHILD, DENNIS W 829 MAPLETON TERRACE JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Dennis W Fairchild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/23/00

(904)
396-0204
Date Daytime Phone #

CR2E034 (9/99)