2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P99000042857 TEEN LIFE ASSOCIATES, INC. 07-13-2000 90267 033 ***550 00 Mailing Address Principal Place of Business 2510 S. MACDILL AVE. 2510 S. MACDILL AVE. TAMPA FL 33692 **TAMPA FL 33692** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 0992 Not Applicable 6 - 1\$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 1. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILHOIT, ERNIE Ciecus 2510 S. MACDILL AVE. **TAMPA FL 33692** B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fee Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (F. 1.0.7.1.1) ☐ Delete TITLE TITLE WILHOIT, EXUIE 334 INLIER HARBOUR CIRCLE WILHOIT, ERNIE NAME STREET ADDRESS 2413 BAYSHORE BLVD #1401 STREET ADDRESS CITY-ST-ZIP TAMOR. CITY-ST-ZIP **TAMPA FL 33692** Change ☐ Addition ☐ Delete TITLE TITLE WILHOLF, BARBARA JANG 334 INDER HARBUR CIRCLE WILHOIT, BARBARA JANE NAME NAME STREET ADDRESS 2413 BAYSHORE BLVD. #1401 STREET ADDRESS TOMPA, FL 33602 CITY-ST-ZIP CITY - 57 - 702 **TAMPA FL 33692** Addition Change ☐ Delete WILHOIT, ETTE HARIE TITLE WILHOIT, EDIE MARIE NAME NAME LURENZO AVE. STREET ADDRESS 1401 S. LORENZO AVE. 1401 5. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33692** CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE Oelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental typor 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 of trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter of the receiver of changed, or on an attachment with an address, with all other like

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