

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90699 017 ***150.00

DOCUMENT # P99000060697

1. Entity Name
NEW LIFE CONNECTIONS, INC.



Principal Place of Business
**113 W 27TH ST
SANFORD FL 32773**

Mailing Address
**475 NORTH PREVATT AVENUE
LAKE HELEN FL 32744**

0014433



2. Principal Place of Business

3. Mailing Address

113 W 27th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SANFORD, FL

Zip

Country

Zip
32773

Country

SEMINOLE

4. FEI Number **59-3591353**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARR, MARLA J
475 NORTH PREVATT AVENUE
LAKE HELEN FL 32744**

7. Name and Address of New Registered Agent

Name

MARLA J. DANN

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BARR, MARLA**
STREET ADDRESS **475 NORTH PREVATT**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **VP** ☒ Delete
NAME **WILLIAMS, FRANK W**
STREET ADDRESS **2551 BYRD ST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **S** ☐ Delete
NAME **BARR, LUTHER G**
STREET ADDRESS **932 DANDRIDGE DR**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **DANN, MARLA J.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARLA J. DANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

Date

407-322-7779

Daytime Phone #

CR2E034 (10/02)