

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90137 034 \*\*\*150.00

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**DOCUMENT # P99000065819**

1. Entity Name  
**LIFE MOVES, INC.**



Principal Place of Business  
~~3048 WHIRLAWAY TRL~~ **3608 Gardenview Way**  
**TALLAHASSEE FL 32309-32309**  
US

Mailing Address  
PO BOX 14925  
**TALLAHASSEE FL 32317-4925**  
US



2. Principal Place of Business  
**3608 Gardenview Way**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Tallahassee, FL**  
Zip  
**32309**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number **59-3590053**  
Applied For  
Not Applicable

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

**BRAMAN, DEBRA**  
**3048 WHIRLAWAY TRL**  
**TALLAHASSEE FL 32309**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3608 Gardenview Way**  
City  
**FL** Zip Code  
**32309**

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**BRAMAN, DEBRA**  
**3048 WHIRLAWAY TRL** **3608 Gardenview Way**  
**TALLAHASSEE FL 32309-32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**3608 Gardenview Way**  
**Tallahassee, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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: **Debra Braman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-03 (850) 443-8339**  
Date Daytime Phone #

CR2E034 (10/02)