

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000077010

FILED  
Jan 30, 2003  
Secretary of State

Entity Name: LEARNING TO LIVE WITH LABOR, INC.

**Current Principal Place of Business:**

1851 WINSLOE DR  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2078  
ELFERS, FL 34680

**New Mailing Address:**

FEI Number: 59-3595199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAUGHN-KERNS, KAREN  
1851 WINSLOE DR  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VAUGHN-KERNS, KAREN  
Address: 1851 WINSLOE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V ( ) Delete  
Name: KERNS, RUSSEL L  
Address: 1851 WINSLOE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSEL L. KERNS

V

01/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date