

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90085 044 ***150.00

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DOCUMENT # P99000101434

1. Entity Name
A BETTER LIFE, INC.

Principal Place of Business **Mailing Address**
417 SW 43RD LANE **417 SW 43RD LANE**
CAPE CORAL FL 33914 **CAPE CORAL FL 33914**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
2023 Del Prado Blvd S.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **Applied For**
Cape Coral Florida **65-0963466** **Not Applicable**
Zip **Country** **Zip** **Country**
33991 **Lce**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
SPIEGEL & UTRERA, P.A. **Name**
343 ALMERIA AVENUE **Street Address (P.O. Box Number is Not Acceptable)**
CORAL GABLES FL 33134 **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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
☐ **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
	BARTHOLOW, TIA M						
	3018 AVENUE C				417 S.W. 43rd Lane		
	HOLMES BEACH FL 34217				Cape Coral, FL 33914		
			<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete			<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: **Signature** **2-22-02** **9419207061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)