

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90230 029 \*\*\*150.00

**DOCUMENT # P99000101434**

1. Entity Name  
**A BETTER LIFE, INC.**



Principal Place of Business  
**2023 DEL PRADO BLVD 5  
CAPE CORAL, FL 33991 US**

Mailing Address  
**417 SW 43RD LANE  
CAPE CORAL, FL 33914**

2. Principal Place of Business  
**417 SW 43rd Lane**

3. Mailing Address  
**417 SW 43rd Lane**

Suite, Apt. #, etc.

City & State  
**Cape Coral FL**

City & State  
**Cape Coral FL**

Zip  
**33914**

Country  
**Lee**

Zip  
**33914**

Country  
**Lee**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0963466**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
Name  
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when changing)  
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NUMBER: **FILE IS \$100.00**  
After May 1, 2003 Fee will be \$350.00  
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	<b>PSTD BARTHOLOW, TIA M 417 SW 43RD LANE CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V VREDE, DAVID V 620 BAYVIEW DR. HOLMES BEACH, FL 34217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Tia Bartholow** 5-6-03 239 872 5254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/02)



# Complete Car Care

*Attachment*

UN 613686

*#P99000010434*

*10103922*

A Better Life, Inc.  
417 SW 43rd Lane  
Cape Coral, FL 33914  
(239) 872-5254

To: Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302

Date: Tuesday, May 6, 2003

RE: Missing UBR

To Whom It May Concern;

Our UBR was mailed on Friday, March 14th along with a second UBR for a separate corporation. The second corp. UBR was received and processed and our report was not received. The reports were mailed in separate envelopes on the same day.

As of today, our report still has not been received or processed by your office and my bank records show that the check was never processed.

Please find enclosed a second UBR and a replacement check for the filing fee.

Thank you very much,

*Tia Bartholow*

Tia Bartholow  
President

**BRAKES and MORE®**