

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108155

1. Entity Name

DERMALIFE, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90011 014 ***150.00

Principal Place of Business

Mailing Address

250 WILSHIRE BLVD., STE. 126
CASSELBERRY FL 32707

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CASSELBERRY FL 32707

A0033737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

250 WILSHIRE BLVD

P.O. Box 151514

Suite, Apt. #, etc.

Suite, Apt. #, etc.

126

City & State
Casselberry FL

City & State
Altamonte Springs FL

Zip
32707

Country
USA

Zip
32715

Country
USA

4. FEI Number

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

GONZALEZ, ELLIOTT N
250 WILSHIRE BLVD., STE. 126
CASSELBERRY FL 32707

Name
GONZALEZ, ELLIOTT N.

Street Address (P.O. Box Numbers Not Acceptable)
250 WILSHIRE BLVD., STE. 126

City
Casselberry FL Zip Code
32707

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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT
NAME
ELLIOTT W. GONZALEZ
STREET ADDRESS
1060 RAGLAND DRIVE
CITY-ST-ZIP
LAKE MARY FL. 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 an other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)