

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

UUU4104J



DO NOT WRITE IN THIS SPACE

DOCUMENT # S90702

1. Entity Name  
PROFESSIONAL HEALTH & LIFE CONSULTANTS, INC.

Principal Place of Business  
203 S MAIN ST  
AUBURNDALE FL 33823  
US

Mailing Address  
P. O. BOX 1185  
AUBURNDALE FL 33823  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent  
DAWSON, W. MIKE  
203 SO MAIN STR  
AUBURNDALE FL 33823

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.

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

11. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DAWSON, W. MIKE  
203 S MAIN ST  
AUBURNDALE FL  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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: W. Mike Dawson W. MIKE DAWSON 2/25/01 863-962-3910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

Mar 02, 2001 8:00 am

Secretary of State

03-02-2001 90070 022 \*\*\*150.00

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4. FEI Number 59-3088769  
Applied For  
Not Applicable

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