

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # V63634**1. Entity Name
TIME OF YOUR LIFE ENTERPRISES, INC.Principal Place of Business
485 STAN DRIVE
SUITE B
MELBOURNE FL 32904
USMailing Address
485 STAN DRIVE
SUITE B
MELBOURNE FL 32904
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3136937

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON JEFF
485 STAN DRIVE
SUITE B
MELBOURNE FL 32904

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 **JEFFREY WILSON**

08/31/2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME WILSON JEFFREY D
STREET ADDRESS 1100 JOHN RODES BLVD. #276
CITY-ST-ZIP MELBOURNE FL 32934TITLE V ☐ Delete
NAME WILSON JEFFREY D
STREET ADDRESS 1100 JOHN RODES BLVD. #276
CITY-ST-ZIP MELBOURNE FL 32934TITLE T ☐ Delete
NAME WILSON JEFFREY D
STREET ADDRESS 1100 JOHN RODES BLVD.
CITY-ST-ZIP MELBOURNE FL 32934TITLE P ☐ Delete
NAME WILSON JEFFREY D
STREET ADDRESS 1100 JOHN RODES BLVD. #276
CITY-ST-ZIP MELBOURNE FL 32934TITLE D ☒ Delete
NAME CUDWORTH MICHAEL
STREET ADDRESS 1100 JOHN RODES BLVD. #276
CITY-ST-ZIP MELBOURNE FL 32934TITLE D ☐ Delete
NAME WILSON DAWN
STREET ADDRESS 1100 JOHN RODES BLVD. #276
CITY-ST-ZIP MELBOURNE FL 32934

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Change ☐ Addition
NAME WILSON JEFFREY D
STREET ADDRESS 485 STAN DR. SUITE B
CITY-ST-ZIP MELBOURNE FL 32904TITLE V ☒ Change ☐ Addition
NAME WILSON JEFFREY D
STREET ADDRESS 485 STAN DR. SUITE B
CITY-ST-ZIP MELBOURNE FL 32904TITLE T ☒ Change ☐ Addition
NAME WILSON JEFFREY D
STREET ADDRESS 485 STAN DR. SUITE B
CITY-ST-ZIP MELBOURNE FL 32904TITLE P ☒ Change ☐ Addition
NAME WILSON JEFFREY D
STREET ADDRESS 485 STAN DR. SUITE B
CITY-ST-ZIP MELBOURNE FL 32904TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME WILSON DAWN
STREET ADDRESS 485 STAN DR. SUITE B
CITY-ST-ZIP MELBOURNE FL 32904

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: Jeffrey Wilson

P

08/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)