2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State
03-09-2000 90022 001 ***300.00

DOCUMENT # K17400

1. Entity Name

LIFE STYLE HOMES BUILDERS, INC.

Principal Place of Business	Mailing Address
% LARRY HUFFORD 1345 S WICKHAM RD W MELBOURNE FL 32904 US	% LARRY HUFFORD 1345 S WICKHAM RD W MELGOURNE FL 32904-2444 US

m4133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1345 S. Wickham RD	1345 S. Wickham Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Melbourne FL	City & State: W. Melbourne FL
Zip: 32904 / Country: BREVARD	Zip: 32904 / Country: BREVARD

4. FEI Number 59-2886242 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUFFORD, LARRY
1041 SUNSWEPT RD
PALM BAY FL 32905

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, 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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUHN, JOHN		NAME	
STREET ADDRESS	~~3140 FELL RD~~ 2708 EMPIRE AVE		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934		CITY-ST-ZIP	
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUFFORD, LARRY		NAME	
STREET ADDRESS	1041 SUNSWEPT RD		STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: LARRY K Hufford [signature] 1/3/2000 407-727-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #