

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90092 022 ***150.00

DOCUMENT # K17400

1. Entity Name
LIFE STYLE HOMES BUILDERS, INC.



Principal Place of Business
% LARRY HUFFORD
1345 S WICKHAM RD
W MELBOURNE FL 32904
US

Mailing Address
% LARRY HUFFORD
1345 S WICKHAM RD
W MELBOURNE FL 32904
US

2. Principal Place of Business
4341 FORTUNE PLACE
Suite, Apt. #, etc.

3. Mailing Address
4341 FORTUNE PLACE
Suite, Apt. #, etc.

City & State
W. MELBOURNE, FL

City & State
W. MELBOURNE

Zip Country
32904 USA

Zip Country
32904 USA

4. FEI Number
59-2886242

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **DP** ☐ Delete
NAME **LUHN, JOHN**
STREET ADDRESS **6395 US HWY 1 SOUTH**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DST** ☐ Delete
NAME **HUFFORD, LARRY**
STREET ADDRESS **1041 SUNSWEPT RD**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03

CR2E034 (10/02)