

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90063 014 ***150.00

DOCUMENT # P99000084586

1. Entity Name
~~LIFESTYLES DOMESTIC SERVICE CONCIERGE, INC.~~ **TM**
 N/C 11/13/00
 Lifestyles Enterprises Inc.

Principal Place of Business Mailing Address
 308 RUNAWAY CIR. 308 RUNAWAY CIR.
 PONTE VEDRA BCH FL 32082 PONTE VEDRA BCH FL 32082

00045237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 9951 Atlantic Blvd. ← Same

Suite, Apt. #, etc. Suite, Apt. #, etc.
 259

City & State City & State
 Jacksonville FL.

4. FEI Number 59-3640084 Applied For
 Not Applicable

Zip Country Zip Country
 32225 Duval

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

6. Name and Address of Current Registered Agent
 VESCE, VICTORIA
 308 RUNAWAY CIR.
 PONTE VEDRA BCH FL 32082

7. Name and Address of New Registered Agent
 Name: ~~Peter J. Russo~~
 Street Address (P.O. Box Number is Not Acceptable):
 6 Fairway Rd.
 City: ~~Jacksonville~~ FL Zip Code: 32250

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: Victoria G. Vesce DATE: 03/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VESCE, VICTORIA 308 RUNAWAY CIR. PONTE VEDRA BCH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VESCE, VANESSA 115 ROSE ISLAND WAY PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Peter J. Russo 6 Fairway Rd Jacksonville Bch. FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Victoria G. Vesce / President DATE: 03/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)