

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000705

1. Entity Name

LOUISIANA LIFESTYLES PRODUCTIONS, INC.

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90199 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4528 MACEACHEN BLVD  
B  
TAMPA FL 34233  
US

4528 MACEACHEN BLVD  
TAMPA FL 34233  
US

2. Principal Place of Business

1142 WOODBROOK DR.

3. Mailing Address

1142 WOODBROOK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO, FL

4. FEI Number

59-3293922

Applied For

Not Applicable

Zip

33770

Country

US

Zip

33770

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOPACZ, J  
4528 MACEACHEN BLVD  
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name  
RICHARD CLODFELTER

Street Address (P.O. Box Number is Not Acceptable)  
1142 WOODBROOK DR.

City  
LARGO

FL

Zip Code  
33770

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

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

RICHARD CLODFELTER

3-26-02

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KOPACZ, JOSEPH  
STREET ADDRESS 4528 MACEACCHEN BLVD  
CITY-ST-ZIP SARASOTA FL 34233 ☒ Delete

TITLE PD  
NAME DECOU, JERRY  
STREET ADDRESS 137 ALLENS RIDGE DR. E.  
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE DV  
NAME SYLVESTER, BENNY  
STREET ADDRESS P O BOX 447  
CITY-ST-ZIP THONOTOSASSA FL 33592 ☐ Delete

TITLE DS  
NAME TRAYCHEFF, JANINE  
STREET ADDRESS 110 JAMES CT.  
CITY-ST-ZIP OLDSMAR FL 34677 ☒ Delete

TITLE DV  
NAME GRATZ, DAVID  
STREET ADDRESS P.O. BOX 516  
CITY-ST-ZIP BAY PINES FL 33744 ☒ Delete

TITLE TD  
NAME CLODFELTER, RICHARD  
STREET ADDRESS 1142 WOOD BROOK DR.  
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME EDWINA SYLVESTER  
STREET ADDRESS PO BOX 447  
CITY-ST-ZIP THONOTOSASSA, FL 33592 ☐ Change ☒ Addition

TITLE D  
NAME PEGGY HILDEBRAND  
STREET ADDRESS 10421 ANNETTE AV  
CITY-ST-ZIP TAMPA, FL 33612 ☐ Change ☒ Addition

TITLE DS  
NAME BECKY CRESWELL  
STREET ADDRESS 2609 GULFCITY RD  
CITY-ST-ZIP RUSKIN, FL 33570 ☐ Change ☒ Addition

TITLE D  
NAME DAUG HERBERT  
STREET ADDRESS 110 30TH AVE NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33704 ☐ Change ☒ Addition

TITLE D  
NAME ELISKA CLODFELTER  
STREET ADDRESS 1142 WOODBROOK DR  
CITY-ST-ZIP LARGO, FL 33770 ☐ Change ☒ Addition

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

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 617, 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:

*Richard Clodfelter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-546-3162

CR2E037 (9/01)