

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90118 025 ****61.25

DOCUMENT # N95000000705

1. Entity Name

LOUISIANA LIFESTYLES PRODUCTIONS, INC.



Principal Place of Business

**1142 WOODBROOK DR
LARGO FL 33770
US**

Mailing Address

**1142 WOODBROOK DR
LARGO FL 33770
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 **59-3293922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLODFELTER, RICHARD
1142 WOODBROOK DR
LARGO FL 33770**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SYLVESTER, EDWINA**
STREET ADDRESS **P O BOX 447**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **HILDEBRAND, PEGGY**
STREET ADDRESS **10921 ANNETTE AVE**
CITY-ST-ZIP **TAMPA FL 33612**

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

TITLE **DS** ☐ Delete
NAME **CRESWELL, BECKY**
STREET ADDRESS **2609 GULF CITY ROAD**
CITY-ST-ZIP **RUSKIN FL 33570**

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

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

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

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:

SIGNATURE: RICHARD CLODFELTER

4-14-2003

(813) 986-7978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)