

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003973

1. Entity Name

LIFESTYLE FINANCIAL SERVICES, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90005 011 ****61.25

Principal Place of Business

404 WALNUT STREET
GREEN COVE SPRINGS FL 32043

Mailing Address

404 WALNUT STREET
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3521032

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINS, WILLIAM H
404 WALNUT STREET
GREEN COVE SPRINGS FL 32043

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 D
NAME HUTCHINGS, WILLIAM H
STREET ADDRESS 404 WALNUT ST
CITY-ST-ZIP GREEN COURT SPRINGS FL 32043 ☐ Delete

TITLE D
NAME HUTCHINGS, MYRNA L
STREET ADDRESS 3264 MANHATTAN AVE
CITY-ST-ZIP GREEN COURT SPRINGS FL 32043 ☐ Delete

TITLE D
NAME HESELSCHWERDT, RICHARD
STREET ADDRESS EATON ROAD
CITY-ST-ZIP GREEN COURT SPRINGS FL 32043 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME RAQUEL Y. HESELSCHWERDT
STREET ADDRESS EATON ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☒ Change ☐ Addition

TITLE D
NAME JOHN P KELLY
STREET ADDRESS 910 PERRY ST
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☒ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)