

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060160

1. Entity Name

LIFESTYLES HOME SALES, INC.

FILED:

01 JUL 13 PM 1:46

Principal Place of Business

707 MABBETTE ST  
KISSIMMEE FL 34741

Mailing Address

707 MABBETTE ST  
KISSIMMEE FL 34741

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

707 Mabbette Street

3. Mailing Address

same



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

same

4. FEI Number

59-3658551

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

same

Country

same

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUIGLEY, WANDA M  
707 MABBETTE ST  
KISSIMMEE FL 34741

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

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

TITLE: Pres  
NAME: Wanda M Quigley  
STREET ADDRESS: PO Box 423574  
CITY-ST-ZIP: Kiss, FL 34742

TITLE: Vice Pres  
NAME: Jennifer Quigley  
STREET ADDRESS: PO Box 423574  
CITY-ST-ZIP: Kissimmee, FL 34742

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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 of 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/01 4079088105