

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90097 013 ***150.00

DOCUMENT # P00000060160

1. Entity Name
LIFESTYLES HOME SALES, INC.

Principal Place of Business

707 MABBETTE ST
KISSIMMEE FL 34741

Mailing Address

707 MABBETTE ST
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3658551**

Applied For

Not Applicable

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 **Wanda M Linscott**
 Street Address (P.O. Box Number is Not Acceptable) **707 Mabbette Street**
 City **Kiss FL** State **FL** Zip **34741**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-25-02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	QUIGLEY, WANDA M	
STREET ADDRESS	P.O. BOX 423574	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUIGLEY, JENNIFER	
STREET ADDRESS	P.O. BOX 423574	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres. + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wanda M Linscott	
STREET ADDRESS	P.O. Box 423574	
CITY-ST-ZIP	Kiss FL 34742	
TITLE	V.P. + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Quigley	
STREET ADDRESS	1245 NE 20 Place	
CITY-ST-ZIP	Jessamine FL 32009	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne E Linscott, Sr	
STREET ADDRESS	4213 Reaves Rd	
CITY-ST-ZIP	Kissimmee FL 34746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Doc# 000000000000000000

Department of Health • Vital Statistics

(STATE FILE NUMBER)

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk.
Circuit or County Court, appears thereon.

312538

LARRY WHALEY
OSCEOLA COUNTY, FLORIDA
CLERK OF CIRCUIT COURT

1P

CL 2001151940 ML 6/2549
ACL Date 10/17/2001 Time 15:16:39

01- 68,401

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) WAYNE ERNEST LINSKOTT SR			2. DATE OF BIRTH (Month, Day, Year) NOV. 20, 1959	
3A. RESIDENCE - CITY, TOWN OR LOCATION KISSIMMEE		3B. COUNTY OSCEOLA	3C. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) MASSACHUSETTS
5A. BRIDE'S NAME (FIRST, MIDDLE, LAST) WANDA (NMN) QUIGLEY			5B. MAIDEN SURNAME (if different) MILLER	6. DATE OF BIRTH (Month, Day, Year) SEPT. 26, 1958
7A. RESIDENCE-CITY, TOWN, OR LOCATION KISSIMMEE		7B. COUNTY OSCEOLA	7C. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) GEORGIA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPT. 14, 2001	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPT. 14, 2001	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE OSCEOLA	18. DATE LICENSE ISSUED SEPT. 14, 2001	18a. DATE LICENSE EFFECTIVE SEPT. 17, 2001	19. EXPIRATION DATE NOV. 17, 2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF CIRCUIT COURT	20c. BY D.C. <i>[Signature]</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 10/13/01		22. CITY, TOWN, OR LOCATION OF MARRIAGE Kissimmee	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (Person performing ceremony) 501 Airport Rd. Kiss 34746	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary attempt) D. Holborn Notary		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c
----------------------------	----------	-------------------	--

STATE OF FLORIDA, COUNTY OF OSCEOLA I HEREBY CERTIFY
that the above and foregoing is a true copy of the
original document recorded in the public records.

LARRY WHALEY, Clerk Circuit Court
Dated 10/17/01 By Anna B. Clay D.C.

