

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90129 019 \*\*\*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**

2. Principal Place of Business  
**715 MABBETTE ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**715 MABBETTE ST**  
Suite, Apt. #, etc.

City & State  
**KISSIMMEE FL**

City & State  
**KISSIMMEE FL**

4. FEI Number  
**59-3658551**

Applied For  
☐ Not Applicable

Zip Country  
**34741 USA**

Zip Country  
**#34741 USA**

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

**WANDA, LINSKOTT  
707 MABBETTE STREET  
KISSIMMEE FL 34741**

Name  
**Wanda M. Linscott**  
Street Address (P.O. Box Number is Not Acceptable)  
**715 Mabbette Street**  
City **Kissimmee** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable)

DATE  
**1/29/2003**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **QUIGLEY, WANDA M**  
CITY-ST-ZIP **423574 POB  
KISSIMMEE FL 34742**

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **Linscott, Wanda**  
CITY-ST-ZIP **715 Mabbette St. Kissimmee FL34741**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **QUIGLEY, JENNIFER**  
CITY-ST-ZIP **1245 NE 20 PLACE  
KISSIMMEE FL 34742**

TITLE ☒ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS **Quigley, Jennifer**  
CITY-ST-ZIP **1245 NE 20th Place  
Gainesville, FL 32609**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WAYNE, LINSKOTT SR**  
CITY-ST-ZIP **4213 REAVES ROAD  
KISSIMMEE FL 34746**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Quigley, Stephanie**  
CITY-ST-ZIP **715 Mabbette Street  
Kissimmee, FL 34741**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Elizabeth Moslèy**  
CITY-ST-ZIP **715 Mabbette Street  
Kissimmee, FL 34741**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/29/2003** DAYTIME PHONE # **407 518 6232**

CR2E034 (10/02)