

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P01000081857**

1. Entity Name

LIFESTYLE SIGHT & SOUND, INC.**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90813 004 ***550.00

Principal Place of Business

**4407 VINELAND RD STE D-6
ORLANDO FL 32811**

Mailing Address

**4407 VINELAND RD STE D-6
ORLANDO FL 32811****80126797**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59373 6688

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

7. Name and Address of New Registered Agent

**LIPP, ROBERT L
914 PALM COVE DR
ORLANDO FL 32835**

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)

ROBERT L. LIPP**1/30/2002**
DATE9. 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
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LIPP, ROBERT L	
STREET ADDRESS	914 PALM COVE DR	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	D	<input type="checkbox"/> Delete
NAME	SPADARO, CARL R	
STREET ADDRESS	11860 MANDARIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	D	<input type="checkbox"/> Delete
NAME	HALLORAN, PAUL J	
STREET ADDRESS	2527 TEBASSA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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:

ROBERT L. LIPP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/30/2002**
Date**407 999 9001**
Daytime Phone #

CR2E034 (9/01)