

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90202 004 ***150.00

DOCUMENT # P01000081857

1. Entity Name
LIFESTYLE SIGHT & SOUND, INC.



Principal Place of Business
**4407 VINELAND RD STE D-6
ORLANDO FL 32811**

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

2. Principal Place of Business
771 S. KIRKMAN ROAD

3. Mailing Address
771 S. KIRKMAN ROAD

Suite, Apt. #, etc.
SUITE 120

Suite, Apt. #, etc.
SUITE 120

City & State
ORLANDO, FL.

City & State
ORLANDO, FL.

Zip
32811

Country
ORANGE

Zip
32811

Country
ORANGE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3736688**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT LIPP - PRESIDENT**

2/10/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LIPP, ROBERT L**
STREET ADDRESS **914 PALM COVE DR**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete
NAME **SPADARO, CARL R**
STREET ADDRESS **11860 MANDARIN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☐ Delete
NAME **HALLORAN, PAUL J**
STREET ADDRESS **2527 TEBASSA RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **V.P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED ROBERT LIPP PRESIDENT** **2/10/2003** **407 999 9001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/02)