

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90245 032 ***150.00

DOCUMENT # P01000103136

1. Entity Name
SOUTHERN LIFESTYLE REALTY, INC.

Principal Place of Business

5345 ORTEGA BLVD., STE. 3
JACKSONVILLE FL 32210

Mailing Address

5345 ORTEGA BLVD., STE. 3
JACKSONVILLE FL 32210

80128819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8825 Perimeter PARK Blvd.

3. Mailing Address

8825 Perimeter PARK Blvd.

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

JACKSONVILLE, Florida

City & State

JACKSONVILLE, Florida

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3754951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, ANITA S
204 EDGE OF WOODS RD.
ST. AUGUSTINE FL 32092

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PSTD** ☐ Delete
NAME **ROGERS, ANITA S**
STREET ADDRESS **204 EDGE OF WOODS RD.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita Rogers
Anita Rogers

July 8, 2002 904-993-2277
July 8, 2002 904-993-2277

CR2E034 (4/02)

Attachment
D#P01000103136

***Southern Lifestyle Realty, Inc.
8825 Perimeter Park Blvd Ste #301
Jacksonville, FL 32216-1112***

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32303

Dear Sir or Madam:

Please find enclosed our check for \$150.00 together with a completed application for reinstatement. I hereby request that all penalties be abated in their entirety due to the fact that we never received the corporation annual report and were unable to file on a timely basis through no fault of our own.

Please change your records to reflect the new and correct address as listed above and use this address for all future correspondence.

Sincerely,



Anita Rogers
Registered Agent and President