2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90441 044 ***158.75

0102212 AV

DOCUMENT # P01000104079

1. Entity Name
LIFESTYLE AND LEISURE INC.

Principal Place of Business
5301 CONROY ROAD STE 140
ORLANDO FL 32811

Mailing Address
5301 CONROY ROAD STE 140
ORLANDO FL 32811

2. Principal Place of Business
14925 US HWY 19.
Suite, Apt. #, etc.
City & State: HUDSON FLORIDA
Zip: 34667 Country: USA

3. Mailing Address
14925 US HWY 19.
Suite, Apt. #, etc.
City & State: HUDSON FLORIDA.
Zip: 34667 Country: USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3753687 Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAVIGNE, JAMES R
5301 CONROY ROAD STE 140
ORLANDO FL 32811

7. Name and Address of New Registered Agent
Name: WALKER DAVID J.
Street Address (P.O. Box Number is Not Acceptable): 14925 HWY US 19
City: HUDSON FL Zip Code: 34667

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 D. Walker 4/8/02.
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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D. ☑ Change ☐ Addition
NAME	WALKER, DAVID	NAME	WALKER DAVID.
STREET ADDRESS	4 MALTBY ROAD	STREET ADDRESS	14925 HWY US 19
CITY-ST-ZIP	NOTTS S81 8JN 8JN UK	CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	WALKER, SUSAN	NAME	WALKER SUSAN
STREET ADDRESS	4 MALTBY ROAD	STREET ADDRESS	14925 HWY US 19
CITY-ST-ZIP	NOTTS S81 8JN 8JN UK	CITY-ST-ZIP	HUDSON FL 34667.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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 WALKER 4 April 2002 727-862-1188.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #