

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90154 001 ***450.00

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DOCUMENT # P02000113387

1. Entity Name
JAMAICA LIFESTYLE, INC.



Principal Place of Business
**2028 W CHURCH STREET
ORLANDO FL 32805**

Mailing Address
**2028 W CHURCH STREET
ORLANDO FL 32805**



2. Principal Place of Business
8533 WYTHMERE LN

3. Mailing Address
8533 WYTHMERE LN

Suite, Apt. #, etc.
ORLANDO, FL.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL.

4. FEI Number
11-3674661

Applied For
Not Applicable

Zip
32835 Country
USA.

Zip
32835 Country
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

**THOMAS, LORRAINE
2028 W CHURCH STREET
ORLANDO FL 32805**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
THOMAS, LORRAINE
2028 W CHURCH STREET
ORLANDO FL 32805** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LORRAINE THOMAS
8533 WYTHMERE LN
ORLANDO, FL 32835** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMAS, LESTER
2028 W CHURCH STREET
ORLANDO FL 32805** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LORRAINE THOMAS
8533 WYTHMERE LN
ORLANDO, FL 32835** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: **LORRAINE THOMAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **445-6246**
Date Daytime Phone #

CR2E034 (10/02)