

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-21-2003 90357-025 ***150.00
P02000115298

DOCUMENT # P02000115298

1. Entity Name
FLORIDALIFESTYLESCASHFLOW4U, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 19 AM 8:00

Principal Place of Business
9171 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418

Mailing Address
9171 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

MRD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWE, ELLEN M
9171 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
D
LOWE, ELLEN M
9171 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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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

ELLEN M. LOWE

561-622-5191
07-11-03 561-723-6637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Florida Lifestyles Cash Flow 4 U, Inc.

9171 Green Meadows Way, Palm Beach Gardens, FL 33418

Cell: 561-723-6637 ☎ E-mail: floridalifestyles@digital.net

☎ Fax: 209-856-5108 ☎ Voice: 561-622-5191

July 11, 2003

Division of Corporations

Uniform Business Report Filings

P.O.B. 1500

Tallahassee, Florida 32302-1500

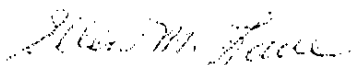
Re: Late Filing Fee

Document: P02000115298

Dear Person:

I received this late fee notice for my corporation filing today. I did not receive a prior notice for the May 1, 2003 payment deadline. Please accept my payment of \$150.00 and waive the late fee. Thank you for your assistance.

Respectfully,



Ellen M. Lowe
President

Enclosures 2