

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90054 007 ***150.00

0136706 AT

DOCUMENT # **P02000126441**

1. Entity Name
LIFESTYLE POOLS SERVICES (WESTSIDE), INC.



Principal Place of Business
**182-AZALIA DRIVE
DAVENPORT FL 33837**

Mailing Address
**182 AZALIA DRIVE
DAVENPORT FL 33837**



2. Principal Place of Business
182 AZALEA DR
Suite, Apt. #, etc.

3. Mailing Address
182 AZALEA DR
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
DAVENPORT FL

City & State
DAVENPORT FL

4. FEI Number
03-0519826

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HAYES, ROBERT S
441 W. VINE STREET
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent
Name
GEOFFREY EVANS
Street Address (P.O. Box Number is Not Acceptable)
182 AZALEA DR
City
DAVENPORT FL Zip Code
33837

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]* DATE: **7/11/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 EVANS, GEOFFREY 182 AZALIA DRIVE DAVENPORT FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, GEOFFREY 182 AZALEA DR DAVENPORT FL 33837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** DATE: **7/11/03** DAYTIME PHONE #: **863-424-7374**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

ATTACHMENT

90145837

182 Azalea Drive
Davenport
FL 33837
Tel/Fax: (863) 424 7374
20th July 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam

Doc # P02000126441

Lifestyle Pools Services (Westside), Inc.

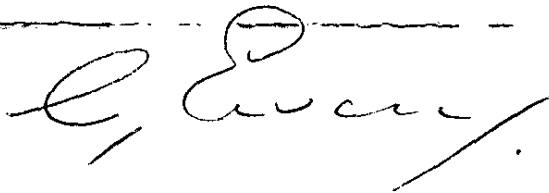
I am the President of the above corporation which, although incorporated in November, 2002, only started to operate on May 1st, 2003.

This was entirely due to my having to obtain a Visa to live and work in the United States, and the length of time it now takes to complete those formalities.

I recently received the above document with the notification that the fee now due is \$550. This is the first document that I have received regarding this matter, and I therefore request that, as the corporation did not receive the prior notice, that the late fee, on this occasion, be waived.

The original filing fee of \$150 Dollars is enclosed.

Yours sincerely,



Geoffrey EVANS.
(President)