

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90044 010 ***150.00

0013760
FD

DOCUMENT # P02000129276

1. Entity Name

CHRYSLIS LIFESTYLE SOLUTIONS FOR THE HOME, INC.



Principal Place of Business

#118 1270 N WICKHAM RD
16
MELBOURE FL 32935

Mailing Address

#118 1270 N WICKHAM RD
16
MELBOURE FL 32935

2. Principal Place of Business

1270 N. WICKHAM RD.

3. Mailing Address

1270 N. WICKHAM RD.

Suite, Apt. #, etc.

SUITE 16 - PMB #118

Suite, Apt. #, etc.

SUITE 16 - PMB #118

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32935

Country

USA

Zip

32935

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

37-1452325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHEN-LUKE, CHRISTINE B
4297 MONTREAUX AVE.
MELBOURNE FL 32934**

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 reinstalling)

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

TITLE **P** ☐ Delete
NAME **CHEN-LUKE, CHRISTINE B**
STREET ADDRESS **4297 MONTREAUX AVE.**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **VP** ☐ Delete
NAME **NEWMAN, BARBARA**
STREET ADDRESS **39 EMERALD CT.**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **55 SUNSET ST.**
CITY-ST-ZIP **SATELLITE BCH, FL 32937-2968**

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

321 751-2877

Daytime Phone #

CR2E034 (10/02)