

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -9 PM 4:15

DOCUMENT # P93000033632
1. Entity Name
LIFESTYLE FITNESS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
407 SPRINGVIEW DR
Suite, Apt. #, etc.

3. Mailing Address
P O BOX 1449
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SANFORD FL

City & State
SANFORD, FL

Zip
32773 Country
USA

Zip
32772 Country
USA

4. FEI Number
59-3182377

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
RICARDO E VEGA, JR

Street Address (P.O. Box Number is Not Acceptable)
407 SPRINGVIEW DR

City
SANFORD FL Zip Code
32773

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 _____ (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)


January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST RICARDO E VEGA, JR 407 SPRINGVIEW DR SANFORD, FL 32773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004792877-8 -01/23/02--01106--006 ****158.75 ****158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **01-4-02** **407.321.4601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LIFESTYLE FITNESS, INC.
P O BOX 1449
SANFORD, FLORIDA 32772

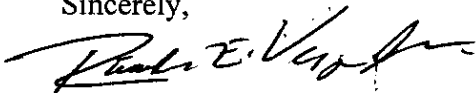
January 7, 2002

Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

I am writing this as an attachment to my corporations 2001UBR. I closed my office in March of 2001 and began working out of my residence. At that time I had all mail forwarded to my CPA's office. I never received my original UBR in January 2001 and my CPA says that he never received either the delinquency notice or the dissolution notice. Much to my surprise I found out in a court hearing on 1/4/02 that my corporation had been administratively dissolved. You can see from my past record that I have always paid this in a timely manner. My CPA informs me that many of his clients did not receive their original UBR in January of 2001 so apparently I wasn't the only one. I respectfully request that you accept the UBR attached as timely filed and reinstate my corporation as soon as possible. If you could fax the certificate of status to my CPA at 407-324-9272 it would be greatly appreciated.

Sincerely,



Ricardo E. Vega, Jr.