

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90029 012 \*\*\*150.00

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**DOCUMENT # P95000032301**

1. Entity Name

**LIFETIME PROPERTIES, INC.**



Principal Place of Business

**1805 ATLANTIC STREET  
#122  
MELBOURNE FL 32951**

Mailing Address

**1805 ATLANTIC STREET  
#122  
MELBOURNE FL 32951**

2. Principal Place of Business

3. Mailing Address

**845 S. TROPICAL TRAIL**

**845 S. TROPICAL TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MERRIT ISLAND, FL**

City & State

**MERRIT ISLAND, FL**

Zip

**32952**

Country

**USA**

Zip

**32952**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WALDSTEIN, GEORGE  
1805 ATLANTIC ST #122  
MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name

**WALDSTEIN, GEORGE**

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

**845 SO. TROPICAL TRAIL**

City

**MERRIT ISLAND**

FL

Zip Code

**32952**

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 **GEORGE WALDSTEIN, PRES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/03**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALDSTEIN, GEORGE</b>	
STREET ADDRESS	<b>1805 ATLANTIC ST #122</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALDSTEIN, GEORGE</b>	
STREET ADDRESS	<b>845 SO. TROPICAL TRAIL</b>	
CITY-ST-ZIP	<b>MERRIT ISLAND, FL 32952</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **GEORGE WALDSTEIN, PRES** **4/10/03** **(321) 258 8008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)