

02103 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #	P95000080637
1. Entity Name	Palm Beach Lifestyles Realty, Inc.

03 MAY -7 PM 1:53

SEVENTH DISTRICT
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

900015286619
04/03/03--01041--022 **150.00

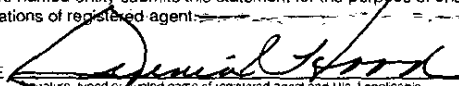
2. Principal Place of Business 1877 South Federal Highway Suite, Apt. #, etc. Suite 302 City & State Boca Raton, FL Zip 33432	3. Mailing Address 1877 South Federal Highway Suite, Apt. #, etc. Suite 302 City & State Boca Raton, FL Zip 33432
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4. FEI Number 65-0657474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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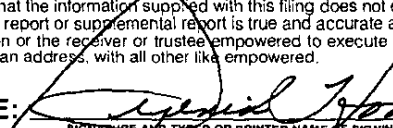
7. Name and Address of Current Registered Agent	
Name	Sylvia Hood
Street Address (P.O. Box Number is Not Acceptable)	1000 Royal Palm Way
City	Boca Raton FL Zip Code 33432

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 	Sylvia Hood 3-26-2003 DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD: Hood, Wenford L. 1877 South Federal Highway, Suite 302 Boca Raton, FL 33432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200018462352 05/07/03--01097--005 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD: Hood, Sylvia 1000 Royal Palm Way Boca Raton, FL 33432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE:  Sylvia Hood SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-26-2003 561-368-5054 Date Day/Int. Phone

CR2E034B (12/02)

