


**02103** FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -7 PM 1:53

STATE  
TALLAHASSEE, FLORIDA

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



**DO NOT WRITE IN THIS SPACE**

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

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE IN THIS SPACE**

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 [Signature] Sylvia Hood DATE 3-26-2003  
NOTE: Registered Agent signature required when containing

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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD: Hood, Wenford L.</u> <u>1877 South Federal Highway, Suite 302</u> <u>Boca Raton, FL 33432</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>200018462352</u> <u>05/07/03--01097--005 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD: Hood, Sylvia</u> <u>1000 Royal Palm Way</u> <u>Boca Raton, FL 33432</u>	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)(f), 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: [Signature] Sylvia Hood DATE 3-26-2003 561-368-5054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Inc. Phone

CR2E034B (12/02)

