

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029801

1. Entity Name

LIFESTYLE ASSOCIATES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90068 021 ***150.00

Principal Place of Business

6174 9TH AVE. CIRCLE NE
BRADENTON FL 34202

Mailing Address

6174 9TH AVE. CIRCLE NE
BRADENTON FL 34216-0448

2. Principal Place of Business

216 Chilson

3. Mailing Address

PO BOX 448

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ANNA MARIA, FL

City & State

ANNA MARIA, FL

4. FEI Number

65-0670192

Applied For

Not Applicable

Zip

Country

34216

USA

Zip

34216

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KAREN M
6174 9TH AVE. CIRCLE NE
BRADENTON FL 34202

Name Karen M Johnson

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

216 Chilson

City ANNA MARIA

FL

Zip Code 34216

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

Karen M Johnson President

4-3-00

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, KAREN M 6174 9TH AVE. CIRCLE NE BRADENTON FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen M Johnson, President 4-3-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-746-0491

CR2E034 (9/99)