

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90651 017 ***150.00

0599741 AT

DOCUMENT # P96000029801

1. Entity Name
LIFESTYLE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~210 CHILSON~~
ANNA MARIA FL 34216

~~PO BOX 448~~
ANNA MARIA FL 34216

2. Principal Place of Business

3. Mailing Address

635 Dundee Ave
 Suite, Apt. #, etc.

PO BOX 1576
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Holmes Beach, FL

Holmes Beach, FL

4. FEI Number

65-0670192

Applied For

Not Applicable

Zip
34218

Country
USA

Zip
34218

Country
USA

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
~~210 CHILSON~~
ANNA MARIA FL 34216

Name

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

~~210 CHILSON~~ **635 DUNDEE LN**

City

Holmes Beach

FL

Zip Code

34217

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

3-18-02

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, 2002 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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary
William G. Johnson
635 DUNDEE LN
HOLMES BEACH, FL 34217

☐ Change

☒ Addition

TITLE
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 CITY-ST-ZIP

☐ Change

☐ 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

3-18-02

941-746-0491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)