2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000006353**

1. Entity Name
TOTAL LIFESTYLES INCORPORATED

Principal Place of Business	Mailing Address
442 S. NORTHLAKE BLVD. 1008 ALTAMONTE SPRINGS FL 32701 US	P.O. BOX 940340 MAITLAND FL 327940340 US

2. Principal Place of Business	3. Mailing Address
442 S. NORTHLAKE BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS FL	City & State
Zip: 32701 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2384626** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMM DEBRA A
442 S. NORTHLAKE BLVD.
STE 1008
ALTAMONTE SPRINGS FL
32701

7. Name and Address of New Registered Agent

Name
LAMM JOSEPH D
Street Address (P.O. Box Number is Not Acceptable)
442 S. NORTHLAKE BLVD.
City
ALTAMONTE SPRINGS **FL** Zip Code 32701

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 **JOSEPH D. LAMM** **04/26/2001**
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, 2001 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	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAMM DEBRA A	NAME	
STREET ADDRESS	442 S. NORTHLAKE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Debra A. Lamm Pres 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #