

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000013208**

1. Entity Name

**LIFESTYLES FLOORCOVERING INSTALLATIONS, INC.**

Principal Place of Business

**5893-A ENTERPRISE PARKWAY  
FT. MYERS FL 33905**

Mailing Address

**5893-A ENTERPRISE PARKWAY  
FT. MYERS FL 33905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0817332**

Applied For

Not Applicable

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

**GONZALEZ, ALAN F ESQ  
1602 W. SLIGH AVE.,STE.300  
TAMPA FL 33604**

Name

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

City

**FL**

Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GIBSON, MAURICE B JR	5893-A ENTERPRISE PARKWAY	FT. MYERS FL 33905				
VP	GIBSON, SANDRA J	5893-A ENTERPRISE PARKWAY	FT. MYERS FL 33905				
D	GIBSON, MAURICE B III	5893-A ENTERPRISE PARKWAY	FT. MYERS FL 33905				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Sandra Joyce Gibson**  
**3/28/01 (941) 693-7868**

0384928

CR2E034 (10/00)