

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90110 038 ***150.00

DOCUMENT # P98000044378

1. Entity Name
LIFESTYLES MORTGAGE, INC.

Principal Place of Business Mailing Address

~~600 THACKER AVENUE-~~ P O BOX 421048
~~A-12~~ KISSIMMEE FL 34742-1048
~~KISSIMMEE FL 34741~~ US
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Mailing Address

316 N Bermuda Ave Suite, Apt. #, etc.

City & State City & State

Kissimmee FL City & State

Zip Country Zip Country

34741 USA

4. FEI Number Applied For

59-3512738 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MARGARET
~~210 NORTH ORLANDO AVENUE~~
~~KISSIMMEE FL 34741~~

7. Name and Address of New Registered Agent

Name

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

316 N. Bermuda Ave

Ste 5

City State Zip

Kissimmee FL 34741

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE **1/27/00**

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	
TITLE	PS <input type="checkbox"/> Delete
NAME	GONZALEZ, MARGARET
STREET ADDRESS	210 NORTH ORLANDO DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	CEOT <input type="checkbox"/> Delete
NAME	QUIGLEY, WANDA M
STREET ADDRESS	210 NORTH ORLANDO AVENUE
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	+ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	P O BOX 423574
CITY-ST-ZIP	Kissimmee FL 34742
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ (NOTE: Signature and typed or printed name of signing officer or director)

Wanda Quigley Date **1/27/00** Daytime Phone # **407 518-6232**

CFR2E034 (9/99)