

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~~
~~A-12~~
~~KISSIMMEE FL 34741~~
~~US~~

P O BOX 421048
KISSIMMEE FL 34742-1048
US

2. Principal Place of Business

Mailing Address

316 N Bermuda Ave
Ste 5

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

Zip

34741

Country

USA

Zip

Country

USA

4. FEI Number

59-3512738

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, MARGARET

~~210 NORTH ORLANDO AVENUE~~

~~KISSIMMEE FL 34741~~

Name

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

316 N. Bermuda Ave

Ste 5

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

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

TITLE	+ Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO BOX 423574	
STREET ADDRESS	Kissimmee FL	
CITY-ST-ZIP	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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone

Wanda Quigley

1/27/00 407
518-6232

CR2E034 (9/99)