

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90308 001 ****61.25
 02-13-2002 90308 002 ***150.00

DOCUMENT # P98000044378

1. Entity Name
LIFESTYLES MORTGAGE, INC.

Principal Place of Business
707 MABETTE ST
KISSIMMEE FL 34741
US

Mailing Address
PO BOX 421048
KISSIMMEE FL 34742
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3512738**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
617 SPRINGVIEW DR
ORLANDO FL 32803

Name **Wanda M Linscott**
 Street Address (P.O. Box Number is Not Acceptable)
707 Mabette Street
 City **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)

DATE **1-25-02**

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 **PSD**
 NAME **GONZALEZ, MARGARET**
 STREET ADDRESS **617 SPRINGVIEW DR**
 CITY-ST-ZIP **ORLANDO FL 32803** ☒ Delete

TITLE **CEOP**
 NAME **QUIGLEY, WANDA M**
 STREET ADDRESS **PO BOX 423574**
 CITY-ST-ZIP **KISSIMMEE FL 34742** ☐ Delete

TITLE **---**
 NAME **---**
 STREET ADDRESS **---**
 CITY-ST-ZIP **---** ☐ Delete

TITLE **---**
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 CITY-ST-ZIP **---** ☐ Delete

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 CITY-ST-ZIP **---** ☐ Delete

TITLE **---**
 NAME **---**
 STREET ADDRESS **---**
 CITY-ST-ZIP **---** ☐ Change ☐ Addition

TITLE **Pres/CEO/Sec/Treas. + Dir.**
 NAME **Wanda M Linscott**
 STREET ADDRESS **PO Box 423574**
 CITY-ST-ZIP **Kissimmee FL 34742** ☐ Change ☐ Addition

TITLE **V. Pres + Director**
 NAME **Wayne E Linscott, Sr**
 STREET ADDRESS **4213 Reeves Rd**
 CITY-ST-ZIP **Kissimmee FL 34746** ☐ Change ☒ Addition

TITLE **---**
 NAME **---**
 STREET ADDRESS **---**
 CITY-ST-ZIP **---** ☐ Change ☐ Addition

TITLE **---**
 NAME **---**
 STREET ADDRESS **---**
 CITY-ST-ZIP **---** ☐ Change ☐ Addition

TITLE **---**
 NAME **---**
 STREET ADDRESS **---**
 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:

Date **1-25-02** Daytime Phone # **908 8105**

CR2E034 (9/01)

STATE OF FLORIDA MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk.
Circuit or County Court, appears thereon.

LARRY WHALEY
OSCEOLA COUNTY, FLORIDA
CLERK OF CIRCUIT COURT

1P

CL 2001151940 ML 6/2549
ACL Date 10/17/2001 Time 15:16:39

01-68,401

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) WAYNE ERNEST LINSOTT SR			2. DATE OF BIRTH (Month, Day, Year) NOV. 20, 1959		
3A. RESIDENCE - CITY, TOWN OR LOCATION KISSIMMEE		3B. COUNTY OSCEOLA		3C. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) MASSACHUSETTS					
5A. BRIDE'S NAME (FIRST, MIDDLE, LAST) WANDA (NMN) QUIGLEY			5b. MAIDEN SURNAME (if different) MILLER		
6. DATE OF BIRTH (Month, Day, Year) SEPT. 26, 1958					
7A. RESIDENCE-CITY, TOWN, OR LOCATION KISSIMMEE		7b. COUNTY OSCEOLA		7c. STATE FLORIDA	
8. BIRTHPLACE (State or Foreign Country) GEORGIA					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPT. 14, 2001	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF BRIDE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPT. 14, 2001	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) 	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE OSCEOLA		18. DATE LICENSE ISSUED SEPT. 14, 2001		18a. DATE LICENSE EFFECTIVE SEPT. 17, 2001		19. EXPIRATION DATE NOV. 17, 2001	
20a. SIGNATURE OF COURT CLERK OR JUDGE 		20b. TITLE CLERK OF CIRCUIT COURT		20c. BY P.C. 			

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

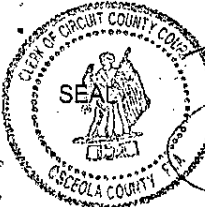
21. DATE OF MARRIAGE (Month, Day, Year) 10/13/01		22. CITY, TOWN, OR LOCATION OF MARRIAGE Kissimmee	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) D. Holborn Notary		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c
			29a. DATE 1ST MARRIAGE ENDED

STATE OF FLORIDA, COUNTY OF OSCEOLA I HEREBY CERTIFY
that the above and foregoing is a true copy of the
original document recorded in the public records.

LARRY WHALEY, Clerk Circuit Court
Dated 10/17/01 By Anna B. Clay, P.C.



SEAL