


04-22-2003 90046 011 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000005586

1. Entity Name
LIFESTYLES OF THE TREASURE COAST, INC.



90100661

| | |
|---|---|
| Principal Place of Business 4825 TERRAPIN COURT MELBOURNE BEACH, FL 32951 | Mailing Address 4825 TERRAPIN COURT MELBOURNE BEACH, FL 32951 |
|---|---|



| | |
|--|--|
| 2. Principal Place of Business 5053 NW 70th AVE | 3. Mailing Address 5053 NW 70th AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

CHECK HERE IF MAKING CHANGES

| | | | |
|----------------------------------|----------------------------------|------------------------------------|-------------------------------|
| City & State OCALA, FL | City & State OCALA, FL | 4. FEI number 59-3560506 | Applied For Not Applicable |
| Zip 34482 | Country USA | Zip 34482 | Country USA |

| |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---|

6. Name and Address of Current Registered Agent

HILL, REX D HILL
 4825 TERRAPIN CT
 MELBOURNE BEACH, FL 32951
5053 NW 70th AVE
OCALA, FL 34482

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents' licenses required when addressing)

| | |
|--|--|
| | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|------------------------|--|---------------------|
| TITLE P | NAME HILL, REX D | TITLE P | NAME REX D. HILL |
| STREET ADDRESS 4825 TERRAPIN CT 5053 NW 70 th AVE | | STREET ADDRESS 5053 NW 70 th AVE | |
| CITY-ST-ZIP MELBOURNE BEACH, FL 32951 Ocala FL | | CITY-ST-ZIP 34482 Ocala FL 34482 | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP | NAME DANIEL, JANE M | TITLE VP | NAME JANE DANIEL |
| STREET ADDRESS 4825 TERRAPIN CT | | STREET ADDRESS 5053 NW 70 th AVE | |
| CITY-ST-ZIP MELBOURNE BEACH, FL 32951 | | CITY-ST-ZIP OCALA FL 34482 | |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rex D. Hill 4-19-03 352-622-3432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)