

FILED
 Apr 22, 2003 8:00 am
 Secretary of State

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



CHECK HERE IF MAKING CHANGES

City & State
 Ocala, FL

City & State
 Ocala, FL

Zip
 34482

Country
 USA

Zip
 34482

Country
 USA

4. FEI number
 59-3560506

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$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 (system required when addressing)

9. Election Campaign Financing Trust Fund Contribution.
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	HILL, REX D 4825 TERRAPIN CT MELBOURNE BEACH, FL 32951 5053 NW 70 th AVE Ocala FL	TITLE P	REX D. HILL 5053 NW 70 th AVE 34482 Ocala FL 34482
TITLE VP	DANIEL, JANE M 4825 TERRAPIN CT MELBOURNE BEACH, FL 32951	TITLE VP	JANE DANIEL 5053 NW 70 th AVE Ocala FL 34482
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	

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)