

# 2001 UNIFORM BUSINESS REPORT (UBR)

19192

0110345 AT

DOCUMENT # P99000076318

1. Entity Name  
LIFESTYLE DESIGNS INC. I

APPROVED  
AND  
FILED

01 AUG -2 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
23223 FRONT BEACH RD., B1-108  
PANAMA CITY FL 32413

Mailing Address  
23223 FRONT BEACH RD., B1-108  
PANAMA CITY FL 32413

2. Principal Place of Business  
Lifestyle Designs Inc. I  
Suite, Apt. #, etc.  
PO Box 12493  
City & State  
TALL, Fla  
Zip  
32317  
Country  
LEON

3. Mailing Address  
P.O. Box 12493  
Suite, Apt. #, etc.  
City & State  
TALL, Fla  
Zip  
32317  
Country  
LEON

DO NOT WRITE IN THIS SPACE

59 3594489

4. FEI Number  
APPLIED FOR  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FITZGERALD, CAROLE  
23223 FRONT BEACH RD., B1-108  
PANAMA CITY FL 32413

7. Name and Address of New Registered Agent  
Name  
Carole Fitzgerald  
Street Address (P.O. Box Number is Not Acceptable)  
833 Wilmon Court  
City  
Tallahassee FL  
Zip Code  
32312

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 *Carole Fitzgerald* DATE *Aug 1, 2001*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	P	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, CAROLE	
STREET ADDRESS	23223 FRONT BEACH RD., B1-108	
CITY-ST-ZIP	PANAMA CITY FL 32413	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fitzgerald, Carole	
STREET ADDRESS	Po Box 12493	
CITY-ST-ZIP	TALL, Fla. 32317	
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		
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: *Carole Fitzgerald* DATE: *Aug 1, 2001*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (5/01)

Aug 2, 2001 <sup>Pg 292</sup>

To Whom It May Concern,

I Apologize for turning this

fee in late. My physical address  
has been Tallahassee for the last year  
and the 23223 Front Beach Rd B1-108  
PCB, Fla address I had my parents  
living in. My father has Parkinsons Disease  
and my mother has had a stroke. I have  
recently moved them in with me at my  
Tallahassee address. In this recent move  
they gave me some mail they forgot they  
had for me, therefore the tardiness of  
my payment. I am changing my address  
on the business report and hopefully this will  
never occur again. Thank you for considering  
this reason for my late payment

Thank You  
Carole Fitzgerald

P.S. My Corporation is  
Lefestly 10 Design, Inc. +  
my # is P99000076318