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

## DOCUMENT #

P99000076318

1. Entity Name

SIGNATURE:

LIFESTYLE DESIGNS INC. I



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90313 009 \*\*\*150.00

Section   Sect					SOO WE T					
Surie, Act. # atc.   Surio, Apt. # atc.   Surio, Apt. # atc.   Gity & State   4. Fel Number   59-3594489   Applied For Net App	% P.O. BOX	12493	% P.O.	BOX 12493						
City & State  Country  Country  S. Centificate of Status Desired  For Repaired F	2. Principal F	Place of Business	3. Mailir	ng Address						
Space   Spac	Suite, Apt.	.#, etc.	Suite,	, Apt. #, etc.	<del></del>		CHECK HERE IF	MAKING CHAN	IGES	
See Address of Country  Signed Address of New Registered Agent  FITZGERALD, CAROLE  833 WILMON COURT  TALLAHASSEE FL 92312  City  FL  Zig Code  6. The above number of signed sig	City & State			City & State			4. FEI Number <b>59-3594489</b>		Applied For Not Applicable	
Name   Street Address (PO. Box Number is Not Acceptable)	Zip	Country	Zip		Country	5.	Certificate of Status Desired			nal
Street Actoress (P.O. Box Number is Not Acceptable)  Street Actoress (P.O. Box Number is Not Acceptable)  Street Actoress (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of Aparging its registered agent, or both, in the State of Florida. Furn familiar with, and acceptable of City and State of Florida. Furn familiar with, and acceptable of Stonard, upon or writed area (agraed) purpose of Aparging its registered agent, or both, in the State of Florida. Furn familiar with, and acceptable of Florida agent agraed agent		6. Name and Addres	ss of Current Registered	Agent		ام.7.	Name and Address of New Reg	istered Agent_		
Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  City  FL  Zip Code  FL  Zip Co					Name					
Street Address (IV.) Each Number is Not Acceptable)  Street Address (IV.) Each Number is Not Acceptable)  Street Address (IV.) Each Number is Not Acceptable)  City  City  FL  Zip Code	FITZGERA	ILD. CAROLE					•			
TALLAHASSEE FL 32312  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 accerdance of changing its registered dispersion of papersered agent.  SIGNATURE  FILE NOW!!! FEE I \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OPFICIENS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  NAME  NAME  STREET AUDRESS  CITY-51-2P  FITGERALD, CAROLE  STREET AUDRESS  CITY-51-2P  Delde  TITE  NAME  STREET AUDRESS  CITY-51-2P  Delde  TITE  NAME  STREET AUDRESS  CITY-51-2P  Delde  TITE  NAME  STREET AUDRESS  CITY-51-2P  THE  THE  NAME  STREET AUDRESS  CITY-51-2P  THE  NAME  STREET AUDRESS					Street Add	Street Address (P.O. Box Number is Not Acceptable)				
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 acceleration of projected agent.    City	i	,					· · · · · · · · · · · · · · · · · · ·			
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 Frioridal. I am familiar with, and accelerations of perplaced agent.  Signature Typed or oriented names of registered signature sequence transplants agent to provide names of registered agent.  Signature Typed or oriented names of registered signature required when reviewing to part of the sequence o	JALLAHAS	SSEE FL 32312								
8. The above named entity submits this statement for the purpose of panging its registered agent, or both, in the State of Fiorida. I am familiar with, and accepted to bigstored agent.  SIGNATURE    Carry   Change   Change   Addition   Change					City			<b>₽</b> Zip	Code	
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SIGNATURE    Commission by Note   September   Septembe	the above	i named enuty submits thi ions of <b>m</b> oistered agent	s statement for the purpor	se of changing its	registered office or re	gistered ag	ent, or both, in the State of Florid	la. I am familiar	with, and	accept
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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 directo 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 changed, or on an attachment with an address, with all other like empowered.	of the corp	on this report or supplem poration or the receiver or	ental report is true and ac trustee empowered to ex	curate and that my ecute this report a	v sionature shali have	the same l	east offect as if made under eath	v that I am an of	fficar ar di	rootor