

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077231

1. Entity Name

LIFESTYLE INTERIORS, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90016 022 ***550.00

Principal Place of Business

4617 RIVERTON DR.
 ORLANDO FL 32817

Mailing Address

4617 RIVERTON DR.
 ORLANDO FL 32817

2. Principal Place of Business

125 S. SWOODE AVE.

3. Mailing Address

125 S. SWOODE AVE.

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

MAITLAND, FL.

City & State

MAITLAND, FL.

Zip

32751

Country

USA

Zip

32751

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-359-579-3

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BIRCH, HOLLY E
 4617 RIVERTON DR.
 ORLANDO FL 32817

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

Holly E. Birch-Caproni - Director 7-12-00

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 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
 NAME BIRCH, HOLLY E
 STREET ADDRESS 4617 RIVERTON DR.
 CITY-ST-ZIP ORLANDO FL 32817

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.
 NAME BIRCH-CAPRONI HOLLY E.
 STREET ADDRESS 125 S. SWOODE AVE. STE 206.
 CITY-ST-ZIP MAITLAND, FL. 32817

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Holly E. Birch-Caproni - Director 7-12-00

Date

Daytime Phone #