

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084586

1. Entity Name
LIFESTYLES ENTERPRISES, INC.



Principal Place of Business
9951 ATLANTIC BLVD
259
JACKSONVILLE FL 32225

Mailing Address
9951 ATLANTIC BLVD
259
JACKSONVILLE FL 32225

2. Principal Place of Business

2095 El-Lago Way
Suite, Apt. #, etc.

3. Mailing Address

← Same
Suite, Apt. #, etc.

City & State
Jacksonville Florida

City & State

Zip
32224

Country
Duval

Zip

Country

4. FEI Number 59-3640084

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



FILED
03 FEB -6 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

VESCE, VICTORIA
9951 ATLANTIC PL
#259
JACKSONVILLE FL 32225

↑ Same

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 Victoria R. Vesce

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-23-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
NAME VESCE, VICTORIA
STREET ADDRESS 2095 EL-LAGO WAY
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME CEO
STREET ADDRESS RUSSO, PETER J
CITY-ST-ZIP 9957 ATLANTIC PL #259
JACKSONVILLE FL 32225 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200012778602
02/19/03--01008--010 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

01-31-03 904) 982-1717

Date

Daytime Phone #

CR2E034 (10/02)

Date: January 1, 2003

I Peter Russo do hereby resign from Lifestyles Enterprises Inc. as C.E.O. As of January 1, 2003 I will no longer be responsible for transactions made by Lifestyles Enterprises Inc., nor will I receive any payment or profit generated by Lifestyles Enterprises Inc.. I fully understand that this does not release me from any obligations or liabilities for Lifestyles Enterprises Inc. created from this date back to the date of Incorporation on November 27, 2000.

Sincerely,

Peter Russo

