2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State
02-20-2003 90110 047 ***150.00

DOCUMENT # V67840

1. Entity Name
LIFESTYLES WITH PURPOSE, INC.

Principal Place of Business	Mailing Address
6536 STONINGTON DR. S. TAMPA FL 33647	6536 STONINGTON DR. S. TAMPA FL 33647

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
9423 Bluebird Drive		9423 Bluebird Drive	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: Tampa FL		City & State: Tampa FL	
Zip: 33647-2827	Country: USA	Zip: 33647-2827	Country: USA

4. FEI Number 59-3143056 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMSON, RONALD A.
6536 STONINGTON DR. S.
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name: Ronald A. Thomson
Street Address (P.O. Box Number is Not Acceptable): 9423 Bluebird Drive
City: Tampa FL Zip Code: 33647-2827

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	THOMSON, RONALD A.	NAME	Thomson, Ronald A.
STREET ADDRESS	6536 STONINGTON DR. S.	STREET ADDRESS	9423 Bluebird Drive
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33647-2827
TITLE	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	THOMSON, BARBARA A.	NAME	Thomson, Barbara A.
STREET ADDRESS	6536 STONINGTON DR. S.	STREET ADDRESS	9423 Bluebird Drive
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33647-2827
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Barbara A. Thomson (SIGNATURE REQUIRED) 2-18-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)