

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90005 003 ****61.25

DOCUMENT # N00000007153

1. Entity Name

LIFE MESSAGE, INC.

Principal Place of Business

**244 BLUEBIRD LN
ST PETERSBURG FL 32084**

Mailing Address

**244 BLUEBIRD LN
ST PETERSBURG FL 32084**

00001043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 MARINE ST.

Suite, Apt. #, etc.

3. Mailing Address

105 MARINE ST.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip **32084**

Country

City & State

ST. AUGUSTINE, FL

Zip **32084**

Country

4. FEI Number

59-3682719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, JOHN R
225 WATER ST, STE 900
JACKSONVILLE FL 32202**

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

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BUSHELL, BRENDA A**
STREET ADDRESS **244 BLUEBIRD LN**
CITY-ST-ZIP **ST PETERSBURG FL 32084**

TITLE **D** ☐ Delete
NAME **ENGMANN, RODOLFO**
STREET ADDRESS **818 N HWY A1A, STE 301**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Delete
NAME **GOLD, KEITH**
STREET ADDRESS **6000-C SAWGRASS VILLAGE CIR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 617, 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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/01 904 8064612

Date

Daytime Phone #

CR2E037 (5/01)