

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90096 004 ****61.25

DOCUMENT # N00000007153

1. Entity Name

LIFE MESSAGES, INC.

Principal Place of Business

Mailing Address

105 MARINE STREET
~~ST PETERSBURG FL 32084~~

105 MARINE STREET
~~ST PETERSBURG FL 32084~~

St. Augustine FL 32084

2. Principal Place of Business

3. Mailing Address

105 Marine Street

105 Marine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine, FL

St. Augustine FL

Zip

Country

Zip

Country

32084

USA

32084

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED BRENDA BUNSEL 9/13/02 904 8064612

CR2E037 (4/02)