

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90759 028 ****61.25

DOCUMENT # N00000007153

1. Entity Name
LIFE MESSAGES, INC.



Principal Place of Business
105 MARINE STREET
SAINT AUGUSTINE FL 32084

Mailing Address
105 MARINE STREET
SAINT AUGUSTINE FL 32084

2. Principal Place of Business
135 Marine Street
Suite, Apt. #, etc.

3. Mailing Address
135 Marine Street
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
St. Augustine Fla
Zip
32084
Country
USA

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St. Augustine Fla
Zip
32084
Country
USA

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. 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)

4/26/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	BUSHELL, BRENDA A	244 BLUEBIRD LN	ST PETERSBURG FL 32084	<input type="checkbox"/>
	ENGMANN, RODOLFO	818 N HWY A1A, STE 301	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
	GOLD, KEITH	6000-C SAWGRASS VILLAGE CIR	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

4/26/03 (904) 885-1744

CR2E037 (10/02)