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

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FILED
Apr 09, 2003 8:00 am
Secretary of State
02-27-2003 90154 027 ****61.25

DOCUMENT # N97000004288

1. Entity Name
YOU'RE A LIFE SAVER PRECIOUS MOMENTS COLLECTOR'S CLUB, INC.

Principal Place of Business	Mailing Address
%THE ENTERTAINER 655 REGENCY SQUARE BLVD JACKSONVILLE FL 32225	PO BOX 111436 JACKSONVILLE FL 32239

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3430538 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIZEMORE, C. LAYNETTE 11338 ELAINE DR JACKSONVILLE FL 32218	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 C. Laynette Sizemore C. Laynette Sizemore 2/15/03
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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIZEMORE, LAYNETTE 11338 ELAINE DRIVE JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TILLEY, DONNESE 11549 YOUNG'S RD JACKSONVILLE FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Melinda Morris 11641 young Rd Jacksonville FL 32218 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HICKS, CATHY 2256 LEON RD JACKSONVILLE FL 32246	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Shirley Weikert 1105 Panuco Ave. N. Atlantic Beach, FL 32233 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, DIANNE 10215 MACON ROAD JACKSONVILLE FL 32219	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-P Pat Canady 12686 Pumpkin Hill Rd. Jacksonville, FL 32226 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-P Amy Gordon 45284 American Dream Dr. Callahan, FL 32011 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: C. Laynette Sizemore REQUIRED C. Laynette Sizemore 2/15/03 904-757-5689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #