## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P00000011003

1. Entity Name

LIFE CONCIERGE, INC.



Principal Place of Business 523 BURNING EMBERS LANE JACKSONVILLE FL 32225

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

32246

SIGNATURE

11954 CANTERWOOD DRIVE

Country

6. Name and Address of Current Registered Agent

USA

Mailing Address

3. Mailing Address

Zip

32246

523 BURNING EMBERS LANE JACKSONVILLE FL 32225

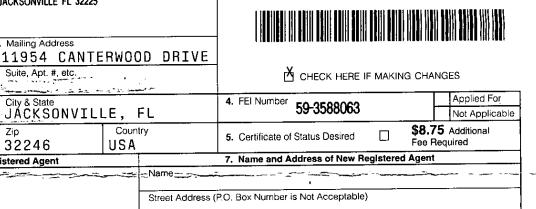
Suite, Apt. #, etc.

JÁCKSONVILLE, FL



FILED	
Feb 07, 2003 8:00 an	n
Secretary of State	
<b>U</b>	

02-07-2003 90093 011 \*\*\*150.00



KEASLER, FRANK R ESQ 4337 PABLO OAKS COURT STE 102

JACKSONVILLE, FL

JACKSONVILLE FL 32224

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		<u> </u>	
	and the second s	ad affice or registered agent, or both, in the State of Florida. I am fan	nitiar with, and accept.
١.	The above named entity submits this statement for the purpose of changing its register	ed Office of registered agent, or both, in the otate of honds. Tall han	mar man area areas
	the obligations of registered agent		

City

Country

USA

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip Code

Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE D Change ☐ Delete TITLE NAME ROBINSON, LILLIE M. ROBINSON, LILLIE M NAME **523 BURNING EMBERS LANE** STREET ADDRESS 11954 CANTERWOOD DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL JACKSONVILLE FL 32225 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME ROBINSON, GLENDA A. NAME ROBINSON, GLENDA A STREET ADDRESS **523 BURNING EMBERS LN** STREET ADDRESS 11954 CANTERWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 \_[ Change Addition TITLE - - Delete - -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. Thereby 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.

ROBINSON

904.646.<u>9535</u>

CR2E034 (10/02)