

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000064498

FILED
Apr 30, 2003
Secretary of State

Entity Name: LIFESAVER MANAGEMENT, INC.

Current Principal Place of Business:

4422 MAJESTIC BLUFF DRIVE SOUTH
JACKSONVILLE, FL 32225

New Principal Place of Business:

5604 LA MOYA AVE
JACKSONVILLE, FL 32210

Current Mailing Address:

4422 MAJESTIC BLUFF DRIVE SOUTH
JACKSONVILLE, FL 32225

New Mailing Address:

5604 LA MOYA AVE
JACKSONVILLE, FL 32210

FEI Number: 59-3659531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, SAMANTHA
4422 MAJESTIC BLUFF DRIVE SOUTH
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

SHAW, SAMANTHA
5604 LA MOYA AVE
JACKSONVILLE, FL 32210 US

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: SAMANTHA SHAW

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVT () Delete
Name: JONES, SAMANTHA
Address: 4422 MAJESTIC BLUFF DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: SHAW, ROB
Address: 4422 MAJESTIC BLUFF DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVT (X) Change () Addition
Name: SHAW, SAMANTHA
Address: 5604 LA MOYA AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S (X) Change () Addition
Name: SHAW, ROB
Address: 5604 LA MOYA AVE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB SHAW

SEC

04/30/2003

Electronic Signature of Signing Officer or Director

Date