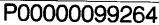
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name
CONCOR COMPANY





FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90062 016 ***150.00

Principal Place of Business 4404 TIDEVIEW DRIVE JACKSONVILLE FL 32250	Mailing Address #112 14444 BEACH BLV SUITE 18 JACKSONVILLE FL 32250					
2. Principal Place of Business 4404 TIDEVIEW DRIVE Suite, Apt. #, etc.	3. Mailing Address # 112 14444 Suite, Apt. #, etc.	BEACH	BLVD			F4 B1171 B781 1241
City & State JACK SONVILLE FLORIDA	City & State JACKSONVIL	. c . E	- 00	4. FEI Number 59-3676401		Applied For
7ip Country	Zip _	Country	RIDA		¢9.75 .	Not Applicable
32250 USA 6. Name and Address of Current I	Registered Agent	<u>usa</u>		5. Certificate of Status Desired	Fee Requir	
	- January Market	Name		7. Name and Address of New Registe	ered Agent	
LACOUR, RACHEL 4404 TIDEVIEW DRIVE JACKSONVILLE FL 32250	t	Street	Address (P.	O. Box Number is Not Acceptable)		
		City			FL Zip Co	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registered office	or registere	d agent, or both, in the State of Florida.	am familiar with	and accept
SIGNATURE Signature, typed or printed name of registered agent ar		: Registered Agent sign				
FILE NOW!!! FEE IS \$150.00	(1010	Hogistered Agent sign	aure required w	men reinstating) D/	ATE	 -
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				 Election Campaign Financing Trust Fund Contribution. 		00 May Be d to Fees
10. OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
NAME : LACOUR, JAMES STREET ADDRESS CITY-ST-ZIP LACOUR, JAMES 4404 TIDEVIEW DRIVE JACKSONVILLE FL 32250	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE DV NAME LACOUR, RACHEL STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME 			Change	☐ Addition
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. hereby certify that the information supplied with this	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

AUSTATURE REQUIRED
ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

964 223 1131