

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P00000099264

1. Entity Name
CONCOR COMPANY



01-14-2003 90062 016 ***150.00

Principal Place of Business
4404 TIDEVIEW DRIVE
JACKSONVILLE FL 32250

Mailing Address
#112 14444 BEACH BLVD
SUITE 18
JACKSONVILLE FL 32250



2. Principal Place of Business

4404 TIDEVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

#112 14444 BEACH BLVD

Suite, Apt. #, etc.

18

☐ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE FLORIDA

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number 59-3676401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACOUR, RACHEL
4404 TIDEVIEW DRIVE
JACKSONVILLE FL 32250

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME LACOUR, JAMES ☐ Delete
STREET ADDRESS 4404 TIDEVIEW DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE DV
NAME LACOUR, RACHEL ☐ Delete
STREET ADDRESS 4404 TIDEVIEW DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE: [Signature] NATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

904 223 1131

Daytime Phone #

CR2E034 (10/02)