

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017302

1. Entity Name  
CONCERGE NETWORKS INCORPORATED

Principal Place of Business

2959 LAUREL COURT  
PALM HARBOR FL 34683

Mailing Address

2959 LAUREL COURT  
PALM HARBOR FL 34683

2. Principal Place of Business

2920 Eagle Estate Cir. S.

3. Mailing Address

2920 Eagle Estate Circle South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3701099

Applied For

Not Applicable

Zip

33761

Country

Zip

33761

Country

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

6. Name and Address of Current Registered Agent

LYONS, GARY W  
311 SOUTH MISSOURI AVENUE  
CLEARWATER FL 33756

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.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME GOODMAN, MARK L Same as above  
STREET ADDRESS 2959 LAUREL COURT  
CITY-ST-ZIP PALM HARBOR FL 34683 Clearwater, FL 33756

TITLE ☐ Delete  
NAME PHILLIPS, DANIEL W  
STREET ADDRESS 1240 SMOKEHOUSE TRAIL  
CITY-ST-ZIP CUMMING GA 30041

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. L. G. REGENT, Mark L. Goodman, Dir 5/7/02 (898) 811-0586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED  
Jul 23, 2002 8:00 am  
Secretary of State

05-28-2002 90722 024 \*\*\*150.00

5/2

5/28

CR2E034 (9/01)

Attachment 39310

McFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.  
ATTORNEYS AT LAW

*Serving The Tampa Bay Area For Over 40 Years*

DONALD O. McFARLAND  
GARY W. LYONS  
CHUCK A. SULLIVAN  
ELWOOD HOGAN, JR.  
MICHAEL J. FAEHNER  
JOSEPH T. HOBSON  
RICHARD F. MEYERS

July 19, 2002

311 S. MISSOURI AVENUE  
CLEARWATER, FLORIDA 33756  
TELEPHONE (727) 461-1111  
FAX (727) 461-6430

Uniform Business Report  
Division of Corporation  
Attn: Annual Report Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Concierge Networks Incorporated  
Reference Number: P01000017302

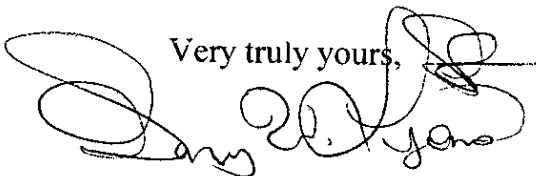
Dear Sir or Madam:

Please find enclosed the revised 2002 Uniform Business Report with regard to the above.

Please date stamp the copy of this correspondence and return it to me in the self-addressed, stamped envelope which has been enclosed for your convenience.

If you should have any questions concerning this matter, please do not hesitate to contact me.

Very truly yours,



Gary W. Lyons  
Attorney at Law

GWL/lbf

Enclosures

2002 Uniform Business Report  
Duplicate Correspondence

cc: Client

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Suite, Apt. #, etc.3. Mailing Address  
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Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Clearwater, FL  
Zip  
33761  
CountryCity & State  
Clearwater, FL  
Zip  
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Country4. FEI Number  
59-3701099Applied For  
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Street Address (P.O. Box Number is Not Acceptable)

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(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS        | CITY-ST-ZIP                                            | DELETE                   |
|-------|--------------------|-----------------------|--------------------------------------------------------|--------------------------|
|       | GOODMAN, MARK L    | 2959 LAUREL COURT     | 2920 Eagle Estate Circle South<br>Clearwater, FL 33756 | <input type="checkbox"/> |
|       | PHILLIPS, DANIEL W | 1240 SMOKEHOUSE TRAIL | CUMMING GA 30041                                       | <input type="checkbox"/> |
|       |                    |                       |                                                        | <input type="checkbox"/> |
|       |                    |                       |                                                        | <input type="checkbox"/> |
|       |                    |                       |                                                        | <input type="checkbox"/> |
|       |                    |                       |                                                        | <input type="checkbox"/> |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | CHANGE                   | ADDITION                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. L. Goodman, Dir 5/7/02 (888) 811-0586

Daytime Phone #

CR2034 (9/01)

*Attachment*  
**COPY**

39310

**McFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.**  
**ATTORNEYS AT LAW**

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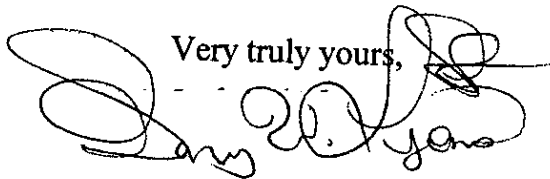
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