

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0032484 AV

**DOCUMENT # P01000097481**

1. Entity Name  
**JACKSONVILLE CONCIERGE SERVICES, INC.**



04-28-2003 90148 048 \*\*\*150.00

Principal Place of Business  
**357 PABLO POINT DRIVE  
JACKSONVILLE FL 32225**

Mailing Address  
**13245 ATLANTIC BLVD  
SUITE #4-355  
JACKSONVILLE FL 32225**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number  
**59-3757351**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, DRU  
357 PABLO POINT DRIVE  
JACKSONVILLE FL 32225**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4/24/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MORAN, ALLISON R  
1803 TANGLEWOOD DRIVE "TANGLEWOOD"  
JACKSONVILLE BEACH FL 32250**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1803 TANGLEWOOD DRIVE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JONES, RYAN W  
357 PABLO POINT DRIVE  
JACKSONVILLE FL 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**

Date

**904-221-0559**

Daytime Phone #

CR2E034 (10/02)