2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000097481



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

1. Entity Name JACKSONVILLE CONCIERGE SERVICES, INC.						04-28-2003 901 48 048 ***1 50.00			
DACKSOI	INVILLE C	ONCIENCE SEN	VICES, INC.						
					GOO WE	180			
Principal Plac		3	Mailing Address 13245 ATLANTIC BLVD		-				
357 PABLO POINT DRIVE JACKSONVILLE FL 32225			SUITE #4-355			ł			
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2. Principal P	lace of Busin	ess	3. Mailing Address				1 16811681 111 1 8181 1881 88111 68 111 88	INE O DIED BOEIN BEOIL OI	EEN 19181 HEN 1991
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF M	AKING CHANGE	S
City & State			City & State				4. FEI Number 59-3757351 Applied For Not Applicab		
Zip		Country	Zip	Count	trv			\$9.75	
			,		,	ļ	5. Certificate of Status Desired	Fee Requ	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
					Name				
JONES, (Street Address (F			P.O. Box Number is Not Acceptable)		
357 PABLO POINT DRIVE									
JACKSON	VVILLE FL 3	2225							
					City			FL Zip Co	ode
8. The above	named entity	submits this statement f	or the purpose of changing its	registere	ed office or r	egistered	agent, or both, in the State of Florida.	I am familiar wit	h, and accept
the obligat	ions of register	ered agent.	1						
SIGNATURE .	An	Muser >	Great				4/24	103	
	Signature, typed o	or partied rame of registered agen	and title if applicable. (NOT	E: Registered	d Agent signature	e required wh	nen reinstating)	DATE	,
F	ILE NOW!!!	PEE IS \$150.00	1		<u> </u>				
			')				A Clarker Commission Character	AC	^ /
		3 Fee will be \$550.00					 Election Campaign Financing Trust Fund Contribution. 		.00 May Be led to Fees
Make Check		Florida Department of	of State				Trust Fund Contribution.	☐ Add	ed to Fees
Make Check 10.	c Payable to		D DIRECTORS	11.				Add	RS IN 11
Make Check 10.	vP	OFFICERS AND	D DIRECTORS	TITLE			Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICER	Add S AND DIRECTO	RS IN 11
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reflect comparison that the information is upplied with this rilling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

GESIGNING OFFICER OR DIRECTOR