

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90218 003 ***150.00

DOCUMENT # P02000057325

1. Entity Name

CONCIERGEFLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

670 N. COURTENAY PKWY

Suite, Apt. #, etc.

SUITE G

3. Mailing Address

670 N. COURTENAY PKWY

Suite, Apt. #, etc.

SUITE G

DO NOT WRITE IN THIS SPACE

City & State
MERRITT ISLAND, FL

City & State
MERRITT ISLAND, FL

4. FEI Number 01-0704760

Applied For
Not Applicable

Zip
32953

Country
BREVARD

Zip
32953

Country
BREVARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NANCY C. MCGINLEY C/O

Street Address (P.O. Box Number is Not Acceptable)

670 N. COURTENAY PKWY SUITE G

City MERRITT ISLAND

FL

Zip Code
32953

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SALVADOR ALEGUAS, JR 670 N. CTNY PKWY SUITE G MERRITT ISLAND, FLORIDA 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NANCY C. MCGINLEY 329 COUNTRY WALK DR MELBOURNE, FLORIDA 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

Salvador Aleguas Jr. Pres
SALVADOR ALEGUAS JR. PRES

1/21/03

Date

(321) 452-3212

Daytime Phone #

CR2E034B (12/02)