

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90465 001 \*\*\*158.75

0676314  
FP

**DOCUMENT # P95000058229**

1. Entity Name  
**TRUE ESSENCE, INC.**



Principal Place of Business  
**12200-21 SAN JOSE BLVD., STE. 176  
JACKSONVILLE FL 32223**

Mailing Address  
**12200-21 SAN JOSE BLVD., STE. 176  
JACKSONVILLE FL 32223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3329595**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**JAPOUR, DANIEL A  
333-1 EAST MONROE STREET  
JACKSONVILLE FL 32202**

## 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

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

TITLE NAME	<b>LPST MINES, JOSEPH W JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1925 SILVER STREET JACKSONVILLE FL</b>	
TITLE NAME	<b>D ROBINSON, PERRY C JR.</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>5603 SILVERDALE AVE JACKSONVILLE FL 32209</b>	
TITLE NAME	<b>D POOLE, PATRICIA A</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4411 SUNBEAM RD. JACKSONVILLE FL</b>	
TITLE NAME	<b>VD LEE, JESSE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>904 NORTH RENDON STREET NEW ORLEANS LA 70119</b>	
TITLE NAME	<b>D EASTON, SCOTT E</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11765 MANDARIN RD JACKSONVILLE FL 32223</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>Roberts, Antoine D. 816 Broad Street JAX, FL 32202</b>	

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 REQUIRED**

**4-24-03 904 292-9057**

Date

Daytime Phone #

CR2E034 (10/02)