2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#719194

Entity Name: FAMILY RESOURCES, INC.

FILED Jan 07, 2002 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
5959 CENTRAL AVE. SUITE 200 ST. PETERBURG, FL 33710 US			
Current Mailing Address:		New Mailing Address:	
P.O. BOX 13087 ST. PETERSBURG, FL 33733 US			
FEI Number:	23-7146873 FEI Number Applied For () FEI Nur	mber Not Appli	cable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
HARPER, JANE L. 5959 CENTRAL AVENUE SUITE 200 ST. PETERSBURG, FL 33710 US 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: Electronic Signature of Registered Agent			Data
		Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	O () Delete HARPER, JANE L. 5959 CENTRAL AVE STE 200 ST. PETERBURG, FL	Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	D () Delete FITZ, DAVID A., 546 15TH AVE, NE ST. PETERSBURG, FL	Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	C () Delete KENNEDY, MICHEAL J 100 CENTRAL AVE SAINT PETERSBURG, FL 33701	Title: Name: Address: City-St-Zip:	VC (X) Change () Addition ROBERTS, DEBRA 315 COURT STREET #401 CLEARWATER, FL 33756
Title: Name: Address: City-St-Zip:	D () Delete CUNNINGHAM, MONICA L 100 2ND AVE N 3RD FLOOR CLEARWATER, FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete TUTHILL, DOUG 2421 GREEN WAY SOUTH ST PETERSBURG, FL 33712	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BOWMAN, PAMELA J 10846 97TH STREET NORTH SEMINOLE, FL 33773
Title: Name: Address: City-St-Zip:	VC () Delete NETTNIN, DALE T PO BOX 6665 ST LEO, FL 335746665	Title: Name: Address: City-St-Zip:	C (X) Change () Addition NETTNIN, DALE T PO BOX 6665 ST LEO, FL 335746665

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE L. HARPER O 01/07/2002