2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#719194

Entity Name: FAMILY RESOURCES, INC.

FILED Jan 09, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5959 CENTRAL AVE. SUITE 200 ST. PETERBURG, FL 33710 **New Mailing Address: Current Mailing Address:** P.O. BOX 13087 ST. PETERSBURG, FL 33733 US FEI Number: 23-7146873 FEI Number Applied For () FEI Number Not Applicable () 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HARPER, JANE L. HARPER, JANE L. Name: Name: 5959 CENTRAL AVE STE 200 Address: 5959 CENTRAL AVE STE 200 Address: City-St-Zip: ST. PETERBURG, FL City-St-Zip: ST. PETERBURG, FL 33710 US Title: Title: () Delete () Change () Addition Name: FITZ, DAVID A., Name: Address: 546 15TH AVE. NE Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: Title: VC () Delete Title: (X) Change () Addition ROBERTS, DEBRA Name: WILSEY, STEVEN Name: 315 COURT STREET #401 Address: Address: 275 4TH STREET NORTH City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: ST. PETERSBURG, FL 33701 US () Delete Title: Title: () Change () Addition CUNNINGHAM, MONICA L Name: Name: 100 2ND AVE N 3RD FLOOR Address: Address: City-St-Zip: CLEARWATER, FL City-St-Zip: Title: Title: () Delete () Change () Addition BOWMAN, PAMELA J Name: Name: 10846 97TH STREET NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33773 City-St-Zip: Title: () Delete Title: (X) Change () Addition NETTNIN, DALE T NETTNIN, DALE T Name: Name: Address: PO BOX 6665 Address: 1916 BLANCHARD COURT ST LEO, FL 335746665 WESLEY CHAPEL, FL 33543 US City-St-Zip: City-St-Zip:

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 01/09/2003