

**DOCUMENT # N99000004935**

**1. Entity Name**

**RESOURCE DEPOT, INC.**



|                                               |                                                   |
|-----------------------------------------------|---------------------------------------------------|
| Principal Place of Business                   | Mailing Address                                   |
| 1306 ALLENDALE RD<br>WEST PALM BEACH FL 33405 | PO BOX 30295<br>PALM BEACH GARDENS FL 33420<br>US |

|                                                                          |                       |                     |         |
|--------------------------------------------------------------------------|-----------------------|---------------------|---------|
| 2. Principal Place of Business 3560<br>Investment Lane, <del>State</del> |                       | 3. Mailing Address  |         |
| Suite, Apt. #, etc.<br>Apt. 103                                          |                       | Suite, Apt. #, etc. |         |
| City & State<br>Riviera Beach, FL                                        |                       | City & State        |         |
| Zip<br>33404                                                             | Country<br>Palm Beach | Zip                 | Country |

|                                    |                                                                           |
|------------------------------------|---------------------------------------------------------------------------|
| 4. FEI Number<br><b>65-0964759</b> | Applied For                                                               |
|                                    | Not Applicable                                                            |
| 5. Certificate of Status Desired   | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

MOYLE, FLANIGAN, KATZ, KOLINS, ET AL  
625 N FLAGLER DR  
9TH FLOOR  
WEST PALM BEACH FL 33401

| 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.

SIGNATURE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                        |                                                                                                                                   |                                                         |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <p><b>FILE NOW: FEE IS \$61.25</b></p> | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p><b>\$5.00</b> May Be Added to Fees</p> | <p><b>Make Check Payable to Department of State</b></p> |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BECK, CYNTHIA<br>114 N J ST<br>LAKE WORTH FL 33460<br><input type="checkbox"/> Delete                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAMPBELL, SHARON<br>760 UNIVERSAL BLVD<br>JUNO BEACH FL 33408<br><input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HURBS, KEITH<br>116 MALAGA ST<br>ROYAL PALM BEACH FL 33411<br><input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLIAMS, JOHN<br>7501 N JOG RD<br>WEST PALM BEACH FL 33412<br><input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCGEE, MARY<br>301 N OLIVE AVE ROOM 1002 10TH FL<br>WEST PALM BEACH FL 33401<br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LOPEZ, LAYONEL<br>399 FOREST HILL BLVD<br>WEST PALM BEACH FL 33405<br><input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition   |
|-------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | Beck, Cynthia<br>1327 North O St.                                        | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>Michelle Denise Brown<br>7847 Ambleside Way<br>Lake Worth, FL 33467 | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>DAN MANN<br>3874 Fiscal Court #400<br>Riviera Beach, FL 33404       | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | DIV<br>Williams, John                                                    | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | DIP<br>Jeff Balkan<br>1919 N. Flagler Drive<br>West Palm Beach, FL 33407 | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>DON HORRINE<br>230 S. Dixie Hwy. Sk. 200<br>Lake Worth, FL 33460    | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |

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 617, 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]* 1/23/02 561 688 1010  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 217

Attachment

Doc # N99000004935-  
738717

11. continued. Additional Board Members.

D

Victoria Morgan  
3310 Forest Hill Blvd. C 210  
West Palm Beach, FL 33406

D/T

Lise Landry  
2600 Quantum Blvd.  
Boynton Beach, FL 33426

D

Stewart Auville  
525 Clematis Street  
West Palm Beach, FL 33401

D

Robin Ennis  
7501 N. Jog Road  
West Palm Beach, FL 33412

D

Rhonda Heide  
140 Norfolk Road  
Tequesta, FL 33469

D/S

Dianne Reale  
Building D, Suite 2820  
700 Universe Blvd.  
Juno Beach, FL 33408

D

Debbie Tatonetti  
1919 N. Flagler Drive  
West Palm Beach, FL 33407