

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90158 024 ***150.00

DOCUMENT # P94000030336

1. Entity Name
PUBLIC RESOURCES MANAGEMENT GROUP, INC.



Principal Place of Business 225 SOUTH SWOOPE AVE SUITE 211 MAITLAND FL 32751 US	Mailing Address 225 SOUTH SWOOPE AVE SUITE 211 MAITLAND FL 32751 US
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2. Principal Place of Business 341 N. Maitland Ave Suite, Apt. #, etc. St 300	3. Mailing Address 341 N. Maitland Ave Suite, Apt. #, etc. St 300
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City & State Maitland FL	City & State Maitland FL
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Zip 32761	Country USA	Zip 32751	Country USA
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4. FEI Number **59-3235769** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ORI, ROBERT J
225 SOUTH SWOOPE AVE
SUITE 211
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name **Robert J. Ori**
Street Address (P.O. Box Number is Not Acceptable)
341 N. Maitland Ave
St 300
City **Maitland FL** FL Zip Code **32751**

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 **Robert J. Ori, President** DATE **3/17/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ORI, ROBERT J 225 SOUTH SWOOPE AVE, SUITE 211 MAITLAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THOMAS, HENRY L 225 SOUTH SWOOPE AVE, SUITE 211 APOPKA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	341 N. Maitland Ave, Suite 300 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maitland, FL 32751 address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	341 N. Maitland Ave, Suite 300 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maitland, FL 32751 address only
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT J. ORI** DATE **3/17/03** Daytime Phone # **407-628-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)