## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000002077

Title:

Name:

Address:

City-St-Zip:

Entity Name: MOSAIC MANAGEMENT GROUP, INC.

( ) Delete

7601 N. FEDERAL HWY., STE 230-B

JEANNE, WILSON M

BOCA RATON, FL 33487

FILED Jan 06, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7601 N. FEDERAL HWY., SUITE 230-B BOCA RATON, FL 33487				7601 N. FEDERAL HWY SUITE 230-B BOCA RATON, FL 33487		
Current Mailing Address:				New Mailing Address:		
7601 N. FEDERAL HWY., SUITE 230-B BOCA RATON, FL 33487				7601 N. FEDERAL HWY SUITE 230-B BOCA RATON, FL 33487		
FEI Number:	65-1075230	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PARKER, REGINALD 7601 N. FEDERAL HWY., SUITE 230-B BOCA RATON, FL 33487 US				PARKER, REGINALD 7601 N. FEDERAL HWY SUITE 230-B BOCA RATON, FL 33487 US		
The above in the State		ubmits this statement for th	he purpose o	f changing its registered	office or registered agent, or both,	
SIGNATURE: REGINALD O PARKER				01/06/2003		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PARKER, REGIN	AL HWY., SUITE 230-B		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	BARCLAY, BRIA	AL HWY., SUITE 230-B		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN J BARCLAY V 01/06/2003

() Change () Addition