

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90142 042 \*\*\*558.75

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<b>DOCUMENT # F01000003263</b> 1. Entity Name <b>CONSERVATION RESOURCE GROUP, INC.</b>		 2. Principal Place of Business 145 GLEN HOLLY DR ROSWELL GA 30076		Mailing Address <del>3116 LONESOME PINE LANE</del> <del>ATLANTA GA 30339</del>	
Suite, Apt. #, etc. 145 Glen Holly Drive		Suite, Apt. #, etc. 145 Glen Holly Drive		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State Roswell GA		City & State Roswell GA		4. FEI Number 58-2575897	
Zip 30076		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FURPHY, KEVIN 935 SEMINOLE AVE ORLANDO FL 32804			7. Name and Address of New Registered Agent Name: Kevin Furphy Street Address (P.O. Box Number is Not Acceptable): 959 Lascaia Dr City: Windermere FL Zip Code: 34786		
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: <u>Kevin Furphy</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HUNSBERGER, SHAWN 145 GLEN HOLLY DR ROSWELL GA 30076		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP ROLAND, GLENN 424 ADAMS ST PLYMOUTH MI 48170		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Shawn R. Hunsberger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/1/03 770 640 9706 <small>Date Daytime Phone #</small>		

CR2E034 (10/02)