

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90155 039 ***158.75

DOCUMENT # F84986

1. Entity Name
PORTFOLIO MANAGEMENT ENTERPRISES, INC.



Principal Place of Business
**110 9 DUNCAN CIRCLE
SUITE 202
PALM BEACH GARDENS FL 33418
US**

Mailing Address
**P. O. 4079
TEQUESTA FL 33469
US**

60010375



2. Principal Place of Business
**8827 Manor Loop
Suite, Apt. #, etc.
Apt. # 108**

3. Mailing Address
**P. O. Box 827
Suite, Apt. #, etc.
Tallahassee, FL**

CHECK HERE IF MAKING CHANGES

City & State
Bradenton FL

City & State
Tallahassee, FL

4. FEI Number **59-2199736**

Applied For
 Not Applicable

Zip **34202** Country **U.S.A.**

Zip **34270** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

**HOOD, WALTON DONNIE, IV
1109 DUNCAN CIRCLE
SUITE 202
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **Hood, IV Walton Donnie**
Street Address (P.O. Box Number is Not Acceptable)
**8827 Manor Loop
Apt. #108**
City **Bradenton** FL Zip Code **34270**

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 **Walton Donnie Hood, Pres.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/21/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOOD, WALTON D., IV 1109 DUNCAN CIRCLE, STE 202 PALM BEACH GARDENS FL 33418	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hood, IV Walton D. 8827 Manor Loop, Apt. #108 Bradenton, FL 34270	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Walton Donnie Hood, Pres.** **Walton Donnie Hood, Pres.** 1/21/03 941-907-9655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)