

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90147 032 ***150.00

DOCUMENT # J37589

1. Entity Name
CFA MANAGEMENT, INC.



Principal Place of Business

**902 CLINT MOORE RD.
STE. 220
BOCA RATON FL 33487
US**

Mailing Address

**902 CLINT MOORE RD.
STE. 220
BOCA RATON FL 33487
US**

2. Principal Place of Business

**790 Pershing Rd
Suite, Apt. #, etc.**

3. Mailing Address

**790 Pershing Rd
Suite, Apt. #, etc.**

City & State

Raleigh, NC

City & State

Raleigh, NC

4. FEI Number **59-2737831**

Applied For

Not Applicable

Zip

27608

Country

USA

Zip

27608

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONWAY, STEPHEN P.
902 CLINT MOORE ROAD
SUITE 220
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **CONWAY, Stephen P.**
Street Address (P.O. Box Number is Not Acceptable)
117 Pichson Lane
City **Sarasota** FL Zip Code **34242**

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 **Stephen P. Conway** DATE **2-21-03**

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

TITLE **VSD** ☐ Delete
NAME **CONWAY, STEPHEN P**
STREET ADDRESS **902 CLINT MOORE ROAD, SUITE 220**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PT** ☐ Delete
NAME **CONWAY, JERRY B.**
STREET ADDRESS **902 CLINT MOORE ROAD, SUITE 220**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **CONWAY, Stephen P**
STREET ADDRESS **117 Pichson Lane**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE **PT** ☒ Change ☐ Addition
NAME **CONWAY, Jerry B**
STREET ADDRESS **790 Pershing Rd**
CITY-ST-ZIP **Raleigh, NC 27608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED **Stephen P Conway VP** **2/21/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)