2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J73877

Name:

Address: City-St-Zip: RUEDLINGER, AIME A

821 DOUGLAS AVE STET 183

ALTAMONTE SPRINGS, FL 32714

FILED Apr 12, 2003 Secretary of State

Entity Nan	ne: THE MO	ONEY SOURCE, INC.			
Current Pi	incipal Plac	ce of Business:	New Principal Place of	New Principal Place of Business:	
821 DOUGLAS AVE SUITE 183 ALTAMONTE SPRINGS, FL 327145210 US					
Current M	ailing Addr	ess:	New Mailing Address	New Mailing Address:	
821 DOUG SUITE 183 ALTAMON		S, FL 327145210 US			
FEI Number:	59-2812254	FEI Number Applied For	() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Age	ent: Name and Address of	Name and Address of New Registered Agent:	
BROWN, MARCUS E., BROWN, DEBORAH L. 821 DOUGLAS AVE SUITE 183 ALTAMONTE SPRINGS, FL 32714 US			BROWN, MARCUS E 821 DOUGLAS AVE SUITE 183 ALTAMONTE SPRING	821 DOUGLAS AVE	
The above in the State		y submits this statement fo	or the purpose of changing its registered	l office or registered agent, or both,	
SIGNATUR	RE: MARCL	JS E. BROWN		04/12/2003	
	Electro	onic Signature of Register	ed Agent	Date	
	npaign Financi S AND DIRE	ing Trust Fund Contribution(CTORS:		S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BROWN, MAI 821 DOUGLA	() Delete RCUS E .S, AVE SUITE 183 SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BROWN, DEI 821 DOUGLA	() Delete BORAH L IS AVE SUITE 183 SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	VP () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: AIME A. RUEDLINGER VΡ 04/12/2003