2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trystee empowered changed, or on an attachment with an address, with all

SIGNATURE:

May 12, 2002 8:00 am Secretary of State K56421 DOCUMENT # 1. Entity Name 05-12-2002 90616 039 ***150 00 FIRST MANAGEMENT CONSULTANTS, INC. Principal Place of Business Mailing Address 7301-A W PALMETTO PK RD #104-C 7301-A W PALMETTO PK RD #104-C **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0091186 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Carles Sec. --- 7:-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TANNER, LEWIS R Street Address (P.O. Box Number is Not Acceptable) 103 ORCHARD RIDGE LN **BOCA RATON FL 33431** Zip Code City FL 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 Agent s gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change Addition TITLE ☐ Delete TANNER, LEWIS R. NAME 103 ORCHARD RIDGE LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TINDELL, ANNE S. NAME NAME 1001 SW 21ST STREET STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-7/P Delete_. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED