

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90997 005 \*\*\*\*50.00

**DOCUMENT # L00000011224**

1. Entity Name  
**FINANCIAL RESOURCES, LC**



Principal Place of Business  
**601 SOUTH HARBOUR ISLAND BLVD., STE. 200  
TAMPA, FL 33602**

Mailing Address  
**601 SOUTH HARBOUR ISLAND BLVD., STE. 200  
TAMPA, FL 33602**

2. Principal Place of Business  
**5487 Jet Port Industrial Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**5487 Jet Port Industrial Blvd.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number  
**59-3672488**

Applied For  
☐ Not Applicable

Zip  
**33634** Country  
**USA**

Zip  
**33634** Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HODGES, GEOFFREY ESQ.  
905 SHADED WATER WAY  
LUTZ, FL 33649**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1st 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGR** ☐ Delete  
NAME  
**HODGES, GEOFFREY T**  
STREET ADDRESS  
**601 SOUTH HARBOUR ISLAND BLVD., STE. 200**  
CITY-ST-ZIP  
**TAMPA, FL 33602**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5487 Jet Port Industrial Blvd.**  
**Tampa FL 33634**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Geoffrey T. Hodges**

**4/25/03**

**813-262-2365**

Date

Daytime Phone #

CR2E083 (10/02)