

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001970

1. Entity Name

THE RESOURCE GROUP - SERVICE SOLUTION SPECIALIST

Principal Place of Business

6081 HAMILTON BLVD
ALLENTOWN PA 18106

Mailing Address

6081 HAMILTON BLVD
ALLENTOWN PA 18106

FILE
01 OCT -8
SECRETARY
TALLAHASSEE,

FILED
01 OCT -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1005 VIRGINIA DR.

Suite, Apt. #, etc.

200

City & State

FORT WASHINGTON PA

Zip

19034

Country

US

3. Mailing Address

1005 VIRGINIA DR.

Suite, Apt. #, etc.

200

City & State

FORT WASHINGTON PA

Zip

19034

Country

US

4. FEI Number

23-3012713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 Department of State
Due By September 26, 2001

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-10/10/01--01035--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARNETT, STEPHEN
1112 ASHTON ROAD
WYNNEWOOD PA 19096

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEVY, IRA
111 EAST 85TH STREET
NEW YORK NY 10028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED

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

10/5/01

215-542-7801 x 105

Date

Daytime Phone #

CR2E083 (5/01)