


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0300000479

1. Entity Name
MONEY MANAGERS, INCORPORATED



FILED

03 APR -9 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100014948471
03/31/03--01005--024 **61.25



CHECK HERE IF MAKING CHANGES

Principal Place of Business
8435 4TH STREET N., SUITE H
ST. PETERSBURG, FL 33702

Mailing Address
8435 4TH STREET N., SUITE H
ST. PETERSBURG, FL 33702

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Money Managers Inc
Suite, Apt. #, etc.
PO Box 738
City & State
St. Pete, FL
Zip
33731
Country
USA

4. FEI Number *59-3566624* Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAGRO, JONATHAN S	
STREET ADDRESS	11461 TUSCANNY AVENUE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	Rachael C. Desmond	
STREET ADDRESS	2335 Deer Creek Trail	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	Connie Magro	
STREET ADDRESS	11461 Tuscanney Ave	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jonathan S. Magro	
STREET ADDRESS	PO Box 738	
CITY-ST-ZIP	St. Pete, FL 33731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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]* **JONATHAN S. MAGRO** 4/7/03 727-6883670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/02)