

2001 UNIFORM BUSINESS REPORT (UBR)

0028674

DOCUMENT # N98000000604

1. Entity Name
FAMILY COURT RESOURCE ASSISTANCE, INC.

FILED

02 MAY 10 PM 1:32

Principal Place of Business

50 S NIEMAN AVE
STE 150
MELBOURNE FL 32901

Mailing Address

50 S NIEMAN AVE
STE 150
MELBOURNE FL 32901

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DO NOT WRITE IN THIS SPACE

01-02

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3532444

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, JOYCE A
707 N PALM AVE
INDIALANTIC FL 32903

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

Joyce Grant

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

(NOTE: Registered Agent signature required when reinstating)

12/20/01

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GRANT, JOYCE A	707 N PALM AVE	INDIALANTIC FL 32903	<input type="checkbox"/>
D	GRANT, ANNA	5519 AVONDALE PLACE	PITTSBURGH PA 15206	<input type="checkbox"/>
D	TRAYNOR, JANET	1640 FARMINGTON CT	PITTSBURGH PA 15237	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Joyce Grant

12/20/01 321 957-4631

CR2E037 (10/00)