

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90026 010 \*\*\*150.00

**DOCUMENT # P00000016296**

1. Entity Name  
**PARTNERSFIRST MANAGEMENT RESOURCES, INC.**

Principal Place of Business      Mailing Address  
**2574 CARTER GROVE CIR.**      **P. O. BOX 200**  
**WINDERMERE FL 34786**      **WINDERMERE FL 34786**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**300 S. Orange Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 1500**  
 City & State      City & State  
**Orlando**  
 Zip      Country      Zip      Country  
**32801**      **Orange**

4. FEI Number      Applied For  
**59-3637410**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**HALL, WALTER**  
**2574 CARTER GROVE CIR.**  
**WINDERMERE FL 34786**

Name: **Hall, Walter**  
 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: Walter Hall      DATE: 4-13-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Pres / CEO</b><br><b>Walter Hall</b><br><b>2574 Carter Grove Cr.</b><br><b>Windermere, FL 34786</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Hall      Date:      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)