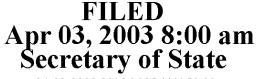
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000035780 **DOCUMENT #** 1. Entity Name



04-03-2003 90136 025 ***150.00

FBMS MANAGEMENT GROUP, INC.								
Principal Place of Business 4794 MAID MARIAN LANE SARASOTA FL 34232		Mailing Address 4794 MAID MARIAN LANE SARASOTA FL 34232						
2. Principal Place of Business		3. Mailing Address				(H a k a klik l apt i		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	CHANGES		
City & State		City & State			4. FE) Number 65-1009690	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	t Registered Agent			7Name and Address of New Registered	Agent		_
ANELLA BARETT #/				Name .				
ANELLO,			s	Street Address (P.C). Box Number is Not Acceptable)			
	D MARIAN LANE							
SARASUI	'A FL`34232							
			C	City	FL	Zip Cod	е	
	e named entity submits his statement fitions of registered agent	or the purpose of changin	ng its registered o	office or registered	agent, or both, in the State of Florida. I am	familiar with,	and accept	
	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered Age	ent signature required wh	en reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				9. Election Campaign Financing Trust Fund Contribution. []		May Be to Fees	
			I 44		ADDITIONS (CHANGES TO DESIGERS AND	DIRECTOR	C INI 11	
10.	OFFICERS AND	D Directions Delete	11.	1	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	ś
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANELLO, ROBERT 4794 MAID MARVIN LANE SARASOTA FL 34232	Li Delete	NAME STREET AL CITY-ST-	ľ		change	Addition	7/01/ 7000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	l l	7.00	☐ Change	☐ Addition	נכל
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	` ☐ Délète	TITLE NAME STREET AL CITY-ST-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	l l		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-			☐ Change	☐ Addition ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-			☐ Change	☐ Addition	
							_	

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 607, 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:

3-31-2003