FILED

May 01, 2003 8:00 am Secretary of State

05-01-2003 90370 017 ***150.00

	R PROFIT CORPORA BUSINESS REPORT	
CUMENT #	P00000107861	

DOCUMENT #

Entity Name
CORE RESOURCES INC.

•			N/ CONTENTS	
Principal Plac 200 WINDING MOORESTOW	WAY	Mailing Address 200 Winding Way Moorestown NJ 08057		f 1881 1881 (fil Com) Com
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	e	City & State		4. FEI Number NOT APPLICABLE Applied For
Zip	Country	Zip	Country	Not Applicable S8.75 Additional
				Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
MUNROE, W. BRADLEY		Charles Addison	(RO D. 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
239 EAST VIRGINIA STREET		Stieet Addres	s (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301				,
		•	City	FL Zip Code
the obligat	ions of registered agent. Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	gistered office or regis	itered agent, or both, in the State of Florida. I am familiar with, and accept
Afte Ce Check	IUE NOWIUS FEE ISSS 150 00 May 11 2003 Fee will be \$550 00 Fayable to Isloridat Department to OFFICERS AND	f State	11,	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD	Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	GERVASI, GERALD 200 WINDING WAY MOORESTOWN NJ 08057		NAME STREET ADDRESS CITY-ST-ZIP	_ ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete