FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90967 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110178

1. Entity Name
THE RIGHT SIDE FINANCIAL MANAGEMENT, INC.

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800056893

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2. Principal Place of Business		3. Mailing Address	
4455-100 Baymeadows Road		4455-100 Baymeadows Road	
Suite, Apt. #, etc.: Suite 4		Suite, Apt. #, etc.: Suite 4	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32217	Country: USA	Zip: 32217	Country: USA

4. FEI Number 59-3686003 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: Hunter P. Brant
Street Address (P.O. Box Number is Not Acceptable): 4455-100 Baymeadows Road
City: Jacksonville FL Zip Code: 32217

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	Brant, Hunter P.	NAME	
STREET ADDRESS	548 Sparrow Branch Circle	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32259	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #