

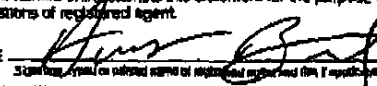
05/15/2003 22:25 2879131
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RIGHT SIDE
BARM LAW

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90225 024 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000110178			
1. Entity Name THE RIGHT SIDE FINANCIAL MANAGEMENT, INC.			
Principal Place of Business 4455-100 DAYMEADOWS RD STE 4 JACKSONVILLE, FL 32217		Mailing Address 4455-100 DAYMEADOWS RD STE 4 JACKSONVILLE, FL 32217	
2. Principal Place of Business 548 Sparrow Branch Cir. Suite, Apt. #, etc.		3. Mailing Address 548 Sparrow Branch Cir. Suite, Apt. #, etc.	
City & State Jacksonville, F		City & State Jacksonville, FL	
Zip 32259 Country USA		Zip 32259 Country USA	
4. FEI Number 68-3886003		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTER, BRANT P 4455-100 DAYMEADOWS RD JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent 548 Sparrow Branch Cir. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 5/16/03 Signature must be typed on printed name of individual registered agent (in applicable cases). Registered Agent/agent must be recorded with recording.			
9. Section Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BRANT, HUNTER P 1966 GADSDEN DRIVE JACKSONVILLE, FL 32217	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
11. ADDITION & CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	548 Sparrow Branch Cir. Jacksonville, FL 32259		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.007(3)(f), 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 assignment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 5/16/03	
Signature must be typed on printed name of officers, officers or directors		Daytime Phone #	