05/15/2003 22:25 2879131 RIGHT SIDE

05/16/2003 10:03 9043531166 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	Mailing Address
~~4455-100 BAYMEADOWS RD~~ ~~STE 4~~ ~~JACKSONVILLE, FL 32217~~	~~4455-100 BAYMEADOWS RD~~ ~~STE 4~~ ~~JACKSONVILLE, FL 32217~~

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
548 Sparrow Branch Cir.	548 Sparrow Branch Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, F	City & State: Jacksonville, FL
Zip: 32259 [redacted] Country: USA	Zip: 32259 [redacted] Country: USA

4. FEI Number 59-3686003 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTER, BRANT P
~~4455-100 BAYMEADOWS RD~~ 548 Sparrow Branch Cir.
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name

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 [signature] 5/16/03

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

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANT, HUNTER P ~~1360 CADDELL DRIVE~~ ~~JACKSONVILLE, FL 32217~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 548 Sparrow Branch Cir. Jacksonville, FL [redacted] 32259
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 5/15/03

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