

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90004 032 ***158.75

DOCUMENT # P01000046076

1. Entity Name

RESOURCE FINANCIAL & MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

656269

2. Principal Place of Business
1467 BANKS ROAD

3. Mailing Address
P. O. BOX 936137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARGATE, FL

City & State
MARGATE, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33063

Country
USA

Zip
33093-6137

Country
USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOLIE C. ALLEN

Street Address (P.O. Box Number is Not Acceptable)
1467 BANKS ROAD

City
MARGATE, FL

FL

Zip Code
33063

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.

JOLIE C. ALLEN

(NOTE: Registered Agent signature required when reinstating)

4/25/2002

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/TREASURER/DIRECTOR A. JOHN BONO 1467 BANKS ROAD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT/DIRECTOR JOLIE C. ALLEN 1467 BANKS ROAD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY/DIRECTOR NANCY B. BONO 1467 BANKS ROAD MARGATE, FL 33063
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**DO NOT WRITE
IN THIS SPACE**

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

4/25/2002

DATE

Daytime Phone #

CR2E034B (12/01)