

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000046076

FILED  
Apr 28, 2003  
Secretary of State

**Entity Name:** RESOURCE FINANCIAL & MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1468 BANKS ROAD  
MARGATE, FL 33063

**New Principal Place of Business:**

1467 BANKS ROAD  
MARGATE, FL 33063

**Current Mailing Address:**

P.O BOX 936137  
MARGATE, FL 330936137

**New Mailing Address:**

**FEI Number:** 01-0718900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, JOLIE  
1467 BANKS ROAD  
MARGATE, FL 33063

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: BONO, A. JOHN  
Address: 1467 BANKS ROAD  
City-St-Zip: MARGATE, FL 33063

Title: DV ( ) Delete  
Name: ALLEN, JOLIE  
Address: 1467 BANKS ROAD  
City-St-Zip: MARGATE, FL 33063

Title: DS ( ) Delete  
Name: BONO, NANCY  
Address: 1467 BANKS ROAD  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOLIE ALLEN

DV

04/28/2003

Electronic Signature of Signing Officer or Director

Date