

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90451 007 ***150.00

DOCUMENT # P01000089711

1. Entity Name
YOUR FINANCIAL RESOURCE, INC.



Principal Place of Business
1386 BAILEY AVE.
DELTONA FL 32725

Mailing Address
1386 BAILEY AVE.
DELTONA FL 32725

11001044



2. Principal Place of Business

784 W. SUNSET STRIP DRIVE

3. Mailing Address

784 W. SUNSET STRIP DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BEVERLY HILLS FL

City & State

BEVERLY HILLS FL

Zip

34465

Country

USA

Zip

34465

Country

USA

4. FEI Number

59-3748429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LAMB, PATRICIA
1386 BAILEY AVE.
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

LAMB, PATRICIA

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

784 W. SUNSET STRIP DR.

City

BEVERLY HILLS

FL

Zip Code

34465

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

Patricia Lamb

04/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME LAMB, PATRICIA
STREET ADDRESS 1386 BAILEY AVE.
CITY-ST-ZIP DELTONA FL 32725

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME LAMB, PATRICIA
STREET ADDRESS 784 W. SUNSET STRIP DR.
CITY-ST-ZIP BEVERLY HILLS FL. 34465

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Patricia Lamb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/03 386-860-9346

Date

Daytime Phone #

CR2E034 (10/02)