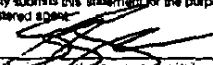


FILED
Jun 05, 2003 8:00 am
Secretary of State

04-30-2003 90145 035 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053774		
1. Entity Name RESOLUTION THRU MEDIATION, INC.		
Principal Place of Business 952 SE 10 CT POMPANO, FL 33060		Mailing Address 952 SE 10 CT POMPANO, FL 33060
2. Principal Place of Business 952 SE 10 CT		3. Mailing Address same
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Pompano FL		City & State FL
Zip 33060		Country USA
4. FEI Number 05-0561483		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCREMIN-PACE, SYLVIA 952 SE 10 CT POMPANO, FL 33060		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 		DATE 4/1/03
FILING NOW WILL BE \$150.00 After May 1, 2003 Fee will be \$350.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete ☐		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete ☐		Change ☐ Addition ☐
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Delete ☐		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete ☐		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)(1), 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, without other like empowered.		
SIGNATURE: 		DATE 4/1/03 954-258-0443