

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

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90305 001 \*\*\*150.00

DOCUMENT # P02000060487

1. Entity Name

MyResource, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2570 SW Mayacoo Way

3. Mailing Address

Same

City & State

Palm City FL

City & State

Same

4. FEI Number

03-0442471

Applied For

☐ Not Applicable

Zip

34990

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Timothy T. Reilly

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

2570 SW Mayacoo Way

City

Palm City

**FL**

Zip Code

34990

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 CEO  
NAME Michele Reilly  
STREET ADDRESS 2570 SW Mayacoo Way  
CITY-ST-ZIP Palm City, FL 34990

TITLE PD  
NAME Michele Reilly  
STREET ADDRESS 2570 SW Mayacoo Way  
CITY-ST-ZIP Palm City, FL 34990

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michele E Reilly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele E Reilly

Date

7/3/03

Daytime Phone #

772-463-5885

CR2E034B (12/02)