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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91463 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000077030 ✓

1. Entity Name
ACCOUNTANTS RESOURCE GROUP, INC.

Principal Place of Business	Mailing Address
8010 CLEARY BLVD VILLA 103 PLANTATION, FL 33324	8010 CLEARY BLVD VILLA 103 PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
20283 State Rd. 7	20283 State Rd. 7
Suite, Apt #, etc.: Suite 400	Suite, Apt #, etc.: Suite 400
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33498 Country: USA	Zip: 33498 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 81-0561213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGMAN, ROCHELLE C
8010 CLEARY BLVD VILLA 103
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: BERGMAN, Rochelle C
Street Address (P.O. Box Number Is Not Acceptable): 9631 ORChid GRoveTRAIL
City: BoyNToN BeACh FL Zip Code: 33437

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: Rochelle C Bergman DATE: 4/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[illegible]

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	D BERGMAN, ROCHELLE C ~~8010 CLEARY BLVD VILLA 103~~ ~~PLANTATION, FL 33324~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9631 ORchid GRove TRAIL BoyNToN BeACh, FL 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rochelle C Bergman Rochelle C BERGMAN 4/7/03 561-487-3694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #