

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P38142

FILED
Apr 29, 2003
Secretary of State

Entity Name: FLORIDA FINANCIAL RESOURCES CORP.

Current Principal Place of Business:

2701 CREEKS EDGE LANE
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

2701 CREEKS EDGE LANE
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3110073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUNTAIN, KENNETH R P.A.
8855 NAVARRE PARKWAY
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

LYNCHARD, LANE
1811 ALHAMBRA
NAVARRE, FL 32566 US

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: LANE LYNCHARD

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: REBHOLZ, MARY
Address: 2701 CREEKS EDGE LANE
City-St-Zip: NAVARRE, FL 32566

Title: VP () Delete
Name: REBHOLZ, MARY E
Address: 2701 CREEKS EDGE LANE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY REBHOLZ

PST

04/29/2003

Electronic Signature of Signing Officer or Director

Date