

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90158 024 ***150.00

DOCUMENT # P94000030336

1. Entity Name

PUBLIC RESOURCES MANAGEMENT GROUP, INC.



Principal Place of Business

225 SOUTH SWOOPE AVE
SUITE 211
MAITLAND FL 32751
US

Mailing Address

225 SOUTH SWOOPE AVE
SUITE 211
MAITLAND FL 32751
US

2. Principal Place of Business

341 N. Maitland Ave

Suite, Apt. #, etc.

St 300

City & State

Maitland FL

Zip
32761

Country

USA

3. Mailing Address

341 N. Maitland Ave

Suite, Apt. #, etc.

St 300

City & State

Maitland FL

Zip
32751

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3235769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORI, ROBERT J

225 SOUTH SWOOPE AVE

SUITE 211

MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name Robert J. Ori

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

341 N. Maitland Ave

St 300

City Maitland FL

FL

Zip Code
32751

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 Robert J. Ori, President

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

(NOTE: Registered Agent signature required when reinstating)

3/17/03

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 PTD ☐ Delete
NAME ORI, ROBERT J
STREET ADDRESS 225 SOUTH SWOOPE AVE, SUITE 211
CITY-ST-ZIP MAITLAND FL

TITLE VSD ☐ Delete
NAME THOMAS, HENRY L
STREET ADDRESS 225 SOUTH SWOOPE AVE, SUITE 211
CITY-ST-ZIP APOPKA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 341 N. Maitland Ave, Suite 300 address only
STREET ADDRESS Maitland, FL 32751
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 341 N. Maitland Ave, Suite 300 address only
STREET ADDRESS Maitland, FL 32751
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

407-628-2600

Daytime Phone #

CR2E034 (10/02)