2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042008

1. Entity Name

FLORIDA RESOURCES, INC.



FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90861 038 ***158.75

						GO WE 19				
Principal Place of Business 280 S.W. 18TH CT. POMPANO BEACH FL 33060				Mailing Address 280 S.W. 18TH CT. POMPANO BEACH FL 33060				R 1881 1881 118 1818 1 818 1 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ažidi žoji Josi
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MA	KING CHANGES	
City & State				City & State			4.	4. FEI Number 65-0727554 Applied For		
Zip Country				Zip Count				Certificate of Status Desired	\$8.75 Ad	lot Applicable
,.							5.	Certificate of Status Desired	Fee Require	ed
	6. Name	and Address	of Current Regi	stered Agent			7	Name and Address of New Registe	red Agent	
FUNIVEY JOHN D						Name				
FUNKEY, JOHN P 280 S.W. 18TH CT.				Street Address			ess (P.O.	(P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33060										
						City	_ .		FL Zip Coo	
8. The above the obliga	e named entity tions of regist	y submits this ered agent.	statement for the	purpose of changing it	s register	ed office or req	gistered a	gent, or both, in the State of Florida.	am familiar with,	, and accept
SIGNATURE		or printed name of	registered agent and title	if applicable. (NO	TE: Registere	d Agent signature re	equired when	leinstating)	ATE	
	TI E NOW		150.00							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10. OFFICERS AND DIRECTORS 11.							Al	_I	AND DIRECTOR	IS IN 11
TITLE	D			☐ Delete	TITLE				☐ Change	Addition
NAME						NAME STREET ADDRESS			_ ,	
STREET ADDRESS 280 S.W. 18TH CT. CITY-ST-ZIP POMPANO BEACH FL 33060										i
CITY-ST-ZIP	POMPANO	BEACH FL	33060		CITY	-ST-ZIP		10.74		
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CITY-ST-ZIP						ST-ZIP				

12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all otherwise empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 954-7890854

CR2E034 (10/02)