


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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90068 005 ***150.00

DOCUMENT # PR5000061140
1. Entity Name PORTFOLIO MANAGEMENT / GIBBONE, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10265 NW 129TH ST 3. Mailing Address 10265 NW 129TH ST
Suite, Apt. #, etc.

City & State HALEAH GARDENS City & State HALEAH GARDENS
Zip 33016 Country Zip 33016 Country

4. FEI Number 65-0601205 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name JANET HENRY
Street Address (P.O. Box Number is Not Acceptable) 10265 N.W. 129TH ST
City HALEAH GARDENS FL Zip 33016

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PT. GIBBONE STEVENSON</u> <u>4N. 34TH AVE</u> <u>LONGPORT N.J 08403</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S. SICHITANO, VERONICA</u> <u>10265 NW 129TH ST</u> <u>HALEAH GARDENS FL 33016</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SCHERZER, HAROLD</u> <u>1548 FULTON DRIVE</u> <u>AMBLER PA. 19002</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JANET HENRY</u> <u>10265 NW 129TH ST</u> <u>HALEAH GARDENS FL 33016</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: [Signature] President 3/25/03 305557495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)