## 2003 FOR PROFIT CORPORATION

Mailing Address

P.O. BOX 810182 **BOCA RATON FL 33481** 

3. Mailing Address

City & State

Suite, Apt. #, etc.

THE RESOLVE GROUP INC.

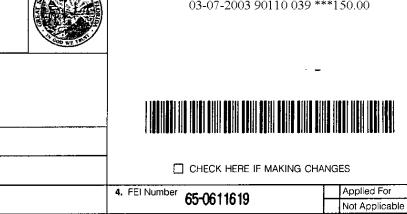
## UNIFORM BUSINESS REPORT (UBR) P95000066217 DOCUMENT # 1. Entity Name THE RESOLVE GROUP, INC.



03-07-2003 90110 039 \*\*\*150.00

\$8.75 Additional

Fee Required



5. Certificate of Status Desired

MEHR, ARTHUR Fox 5776 E FORT HOLLOW DR **BOCA RATON FL 33486** 

Country.

6. Name and Address of Current Registered Agent

Fox

Principal Place of Business 5776 E FØRT HOLLOW DR

2. Principal Place of Business

**BOCA RATON FL 33486** 

Suite, Apt. #, etc.

City & State

Zip

US

7. Maille alla Address di New Registered Agent							
Name							
,							
Street Address (P.O. Box Number is Not Ac-	ceptable)						
City	Zip Code						

the obligations of registered agent.  SIGNATURE									
F After	Signature, typed or printed name of registered agent and title if as ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State	pplicable (NOTE: R	egistered Agent signat	ure required when rein	9. Election Campaigr Trust Fund Contrib		\$5.0	<b>0</b> May Be to Fees	
10.	OFFICERS AND DIRECT	ORS	11.	ADD	ITIONS/CHANGES TO C	OFFICERS AI	ND DIRECTOR	S IN 11	
	PSTD MEHR, ARTHUR 5776 E FORT HOLLOW DR F 6 X BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
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Country

8. The above named entity submix 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

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.

THE REQUIRED

Daytime Phone #