

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099053

1. Entity Name

THE RESOURCE GROUP, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90393 023 ***150.00

00044293



DO NOT WRITE IN THIS SPACE

Principal Place of Business 250 CR 427 SO STE 116 LONGWOOD FL 32750-5466 US	Mailing Address 250 CR 427 SO STE 116 LONGWOOD FL 32750-5466 US
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2. Principal Place of Business 585 CR 427 SOUTH	3. Mailing Address 585 CR 427 SOUTH
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Suite, Apt. #, etc. SUITE 121	Suite, Apt. #, etc. SUITE 121
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City & State LONGWOOD, FLORIDA	City & State LONGWOOD, FLORIDA
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Zip 32750-5462	Country USA	Zip 32750-5462	Country USA
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4. FEI Number 59-3413798	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HODGES, GEORGE 250 S CR 427 STE 116 SUITE 300 LONGWOOD FL 32750

7. Name and Address of New Registered Agent Name GEORGE HODGES Street Address (P.O. Box Number is Not Acceptable) 585 S CR 427, SUITE 121 City LONGWOOD FL Zip Code 32750
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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. SIGNATURE <u>George Hodges</u> DATE <u>4-24-01</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HODGES, DEBORAH 250 CR 427 SO STE 116 LONGWOOD FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HODGES, GEORGE 250 CR 427 SO STE 116 LONGWOOD FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HODGES, DEBORAH 585 CR 427 SOUTH, SUITE 121 LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HODGES, GEORGE 585 CR 427 SOUTH, SUITE 121 LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>George Hodges</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	GEORGE HODGES Date <u>4-24-01</u>	407 830-6773 Daytime Phone #
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CR2E034 (10/00)