2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700065794 Feb 10, 2000 8:00 am 1. Entity Name Secretary of State FINANCIAL MANAGEMENT RESOURCES, INC. 02-10-2000 90051 043 ***150.00 Principal Place of Business Mailing Address 2624 CLEMENTON PARK COURT 2624 CLEMENTON PARK COURT ORLANDO FL 32835 ORLANDO FL 32835-6160 3. Mailing Address 2. Principal Place of Business 1155 Louisiana Avenue5ta P.O. Box 2455 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 204 City & State City & State 4. FEI Number Applied For 59-3461997 Winter Park, FL Winter Park, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32789-2351 32790-2455 Orange Orange 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gary M. Berkson FERRERI: MARIO G Street Address (P.O. Box Number is Not Acceptable) **2624 CLEMENTON PARK COURT** 1132 Symonds Avenue ORLANDO FL 32835 Winter Park hits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity 2/4/00 Gary M. Berkson (NOTE: Registered Agent signature required when reinstating) egistered agent and title if applicable. Signature. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligib to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement d elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. D/P/T X Change ☐ Addition TITLE ☐ Delete TITLE FERRERI, MARIO G Ferreri, Mario G NAME NAME 1155 Louisiana Ave., Ste. 204 Winter Park, FL 32789-2351__ 2624 CLEMENTON PARK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 X Addition ☐ Change ☐ Delete TITLE TITLE Mosure, Pamela G. 1155 Louisiana Ave., Ste. 204 NAME NAME STREET ADDRESS STREET ADDRESS Winter Park, FL 32789-2351 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date:

Date