2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90142 009 ***150.00

DOCUMENT # P9700065794 1. Entity Name FINANCIAL MANAGEMENT RESOURCES, INC.							
Principal Place of Business 1155 LOUISIANA AVE SUITE 204 WINTER PARK, FL 32789-2351	Mailing Address PO BOX 2455 WINTER PARK, FL 32790	0-2455			11030142	•	. FEIN EIEI (40 1
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			_	CHECK HERE IF MAKIN	IG CHANGES	
City & State	City & State				4. FEI Number 59-3461997	├	plied For of Applicable
Zip Country	Zip	Counti	ry 		5. Certificate of Status Desired	\$8.75 Add Fee Require	ditional d
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BERKSON, GARY M			Name				
111 NORTH ORANGE AVE SUITE 1200			Street Address (P.O. Box Number Is Not Acceptable)				
ORLANDO, FL 32801							
			City		F	L Zip Code	e
 The above named entity submits this statement if the obligations of registered agent. 	or the purpose of changing its	registere	d office or r	egistere	d agent, or both, in the State of Florida. I ar	n familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agen	and title if applicable. (NOTE	E: Regis ared	Agentsignature	v beriuper e	Men reinstating) DATE		
FILE NOWITH FEE IS \$160,00 After May, 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department					Election Campaign Financing Trust Fund Contribution.		O May Be to Fees
10. OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	2 151 1.7
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 agraddress, with all other like empowered.

CIGNATURE

GNATURE AND TYPED OR PRINT NO NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

407-629-1427

Daytime Phone #