

FILED
May 05, 2000 8:00 am
Secretary of State

DOCUMENT # p99000000997-6
1. Entity Name
Plan Management Resources, Inc

Principal Place of Business Mailing Address

2930 San Jose Park Dr / same
Jacksonville, FL 32217

2. Principal Place of Business
#930 San Jose Park Dr
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State <i>Jacksonville, FL</i>	City & State
Zip <i>32217</i>	Zip
Country <i>United</i>	Country

4. FEI Number:	Applied For
59-3555429	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Rex Alan Fryman
2517 Michaelson Way
Jacksonville, FL. 32223

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

E. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

ii. OFFICERS AND DIRECTORS

NAME	Randy Jarrell	<input type="checkbox"/> Delete
ADDRESS	4060 Richmond Park Dr E	
CITY-STATE	Jacksonville, FL 32217	

TITLE	Alan Frymae	<input type="checkbox"/> Delete
ADDRESS	2517 Michelson Way	
ST-ZIP	Jacksonville, FL 32223	

TITLE ☐ Delete

NAME:

ST-ZIP

TITLE _____ ☐ Delete
DATE: 08/08/00
ST-ZIP _____

ST-ZIP ☐ Delete

CT-210
 01-210

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 (904) 419-4921

CR2E034 (9/99)