

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90488 041 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009976

1. Entity Name

PLAN MANAGEMENT RESOURCES, INC.

Principal Place of Business
3930 SAN JOSE PARK BLVD
JACKSONVILLE FL 32217

Mailing Address
3930 SAN JOSE PARK BLVD
JACKSONVILLE FL 32217

869533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3555429

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRYMAN, REX A
2517 MICHAELSON WAY
JACKSONVILLE FL 32223

Name
Thurman R. Jarrell III
Street Address (P.O. Box Number is Not Acceptable)
4080 Richmond Park Dr. E
City Jacksonville, FL 32224 FL 32224

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

3/31/02

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, 2002 Fee will be \$650.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME FRYMAN, REX A
STREET ADDRESS 2517 MICHAELSON WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

☒ Delete

TITLE D
NAME JARRELL, THURMAN R III
STREET ADDRESS 4080 RICHMOND PARK DR. E
CITY-ST-ZIP JACKSONVILLE FL 32224

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02 (904) 419-4901

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

869533



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 3, 2002

PLAN MANAGEMENT RESOURCES, INC.
3930 SAN JOSE PARK BLVD
JACKSONVILLE, FL 32217

Subject: **PLAN MANAGEMENT RESOURCES, INC.**

Reference Number: **P99000009976**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/mm

ANNUAL REPORTS SECTION