2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State
07-24-2003 90110 049 ***550.00

000083 AV

DOCUMENT # S09309

1. Entity Name
PRODUCT RESOURCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
811 PINE SHADOW AVE APOPKA FL 32712	811 PINE SHADOW AVE APOPKA FL 32712

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
117 DIEDRICH ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EUSTIS, FL	City & State
Zip: 32726 Country: USA	Zip Country

4. FEI Number 59-3036973 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POULTER, JAMES DAVID
811 PINE SHADOW AVE.
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name: JAMES DAVID POULTER
Street Address (P.O. Box Number is Not Acceptable): 117 DIEDRICH ST
City: EUSTIS FL Zip Code: 32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James D Poulter 7-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POULTER, JAMES DAVID 811 PINE SHADOW AVENUE APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 117 DIEDRICH ST EUSTIS, FL 32726
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POULTER, LAURA JEAN 811 PINE SHADOW AVE. APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 117 DIEDRICH ST EUSTIS FL 32726
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICCARONDO, MICHAEL REED 6306 S.MACDILL AVE.#1209 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James D Poulter JAMES D. POULTER 7-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #