

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90147 032 ***150.00

DOCUMENT # J37589

1. Entity Name
CFA MANAGEMENT, INC.



Principal Place of Business

**902 CLINT MOORE RD.
STE. 220
BOCA RATON FL 33487
US**

Mailing Address

**902 CLINT MOORE RD.
STE. 220
BOCA RATON FL 33487
US**

2. Principal Place of Business

790 Pershing Rd
Suite, Apt. #, etc.

3. Mailing Address

790 Pershing Rd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State Raleigh, NC	City & State Raleigh, NC	4. FEI Number 59-2737831	Applied For <input type="checkbox"/>
Zip 27608	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONWAY, STEPHEN P. 902 CLINT MOORE ROAD SUITE 220 BOCA RATON FL 33487	7. Name and Address of New Registered Agent Name CONWAY, Stephen P. Street Address (P.O. Box Number is Not Acceptable) 117 Pichson Lane City SARASOTA FL Zip Code 34242
---	---

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 *Stephen P. Conway* **Stephen P. Conway** **2-21-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	VSD CONWAY, STEPHEN P 902 CLINT MOORE ROAD, SUITE 220 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Conway, Stephen P 117 Pichson Lane SARASOTA, FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CONWAY, JERRY B. 902 CLINT MOORE ROAD, SUITE 220 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Conway, Jerry B 790 Pershing Rd Raleigh, NC 27608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen P Conway VP* **Stephen P Conway VP** **2/21/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAILED 1/1

CR2E034 (10/02)