

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90017 010 ***150.00

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DOCUMENT # F01000002424
 1. Entity Name
DIRECT XCHANGE SECURITIES, INC.

Principal Place of Business 2700 N. MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431	Mailing Address 2700 N. MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **75-2697870**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAFFER, ROGER L
2700 N. MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
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

TITLE PC	<input checked="" type="checkbox"/> Delete
NAME ZUM TOBEL, ERNEST S	
STREET ADDRESS 2700 N. MILITARY TRAIL, SUITE 200	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE VTSD	<input type="checkbox"/> Delete
NAME SHAFFER, ROGER L	
STREET ADDRESS 2700 N. MILITARY TRAIL, SUITE 200	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOSEPH NIKOLSON	
STREET ADDRESS 2700 N. MILITARY TRAIL, SUITE 200	
CITY-ST-ZIP BOCA RATON, FL 33431	
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	

13. 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: **3/28/02** **541-995-1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)