

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004928

1. Entity Name

S.B.S. FINANCIAL GROUP, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90059 006 ***150.00

0301211

Principal Place of Business

25 SYLVAN RD. S.
WESTPORT CT 06890-3613

Mailing Address

934 EVE STREET
DELRAY BEACH FL 33483
US

2. Principal Place of Business

3. Mailing Address

4400 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 25

City & State

City & State

Boca Raton, FL

Zip

Zip

33431

Country

USA

4. FEI Number

06-1336135

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

SCHLICHER, ILENE W
934 EVE STREET
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Numbers Not Acceptable)

4001 N. OCEAN BLVD B604

City

Boca Raton

FL

Zip Code
33431

7. Name and Address of New Registered Agent

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 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, 2001 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PC
SCHLICHER, ILENE W
934 EVE STREET
DELRAY BEACH FL 33483

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4001 North Ocean Blvd. - B604
Boca Raton, FL 33431

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSTD
SCHLICHER, WILLIAM J III
934 EVE STREET
DELRAY BEACH FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4001 North Ocean Blvd. - B604
Boca Raton, FL 33431

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BUGNIAZET, EDWARD A JR
18 WYNDHAM CLOSE
WHITE PLAINS NY 10605

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
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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)(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.

PREP + CEC

SIGNATURE:

Irene W. Schlicher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)