

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000004928

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: S.B.S. FINANCIAL GROUP, INC.

Current Principal Place of Business:

25 SYLVAN RD. S.
WESTPORT, CT 068803613

New Principal Place of Business:

Current Mailing Address:

4400 N FEDERAL HIGHWAY
SUITE 25
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 06-1336135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLICHER, ILENE W
4001 N OCEAN BLVD # B 604
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SCHLICHER, ILENE W
Address: 4001 NORTH OCEAN BLVD B 604
City-St-Zip: BOCA RATON, FL 33431

Title: VSTD () Delete
Name: SCHLICHER, WILLIAM J III
Address: 4001 NORTH OCEAN BLVD B 604
City-St-Zip: BOCA RATON, FL 33431

Title: VD () Delete
Name: BUGNIAZET, EDWARD A JR
Address: 18 WYNDHAM CLOSE
City-St-Zip: WHITE PLAINS, NY 10605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILENE W. SCHLICHER

PC

01/09/2002

Electronic Signature of Signing Officer or Director

_____ Date