

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90731 016 ***150.00

DOCUMENT # M20285

1. Entity Name
FOX FINANCIAL SERVICES, INC.



Principal Place of Business
**2827 BOGOTA AVE.
COOPER CITY FL 33026
US**

Mailing Address
**2827 BOGOTA AVE.
COOPER CITY FL 33026
US**



2. Principal Place of Business
**1651 SW 127th Ave
Suite A-412**

3. Mailing Address
**1651 SW 127th Ave
Suite A-412**

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL
Zip
33027
Country
USA

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Pembroke Pines, FL
Zip
33027
Country
USA

4. FEI Number **59-2587579**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FOX, ALEXANDER S
2827 BOGOTA AVENUE
COPPER CITY FL 33026**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1651 SW 127th Ave Suite A-412
City **Pembroke Pines** FL Zip Code **33027**

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 *Alexander S. Fox*
Signature, typed, or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/03
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

TITLE **PD** ☐ Delete
NAME **FOX, ALEXANDER S.**
STREET ADDRESS **1651 SW 127 AVE UNIT A-412**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Alexander S. Fox* **4/1/03** **954-435-4834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)