

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/5

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90078 021 \*\*\*\*61.25

DOCUMENT # N00000004127

1. Entity Name

CHOICES NETWORK, INC.

Principal Place of Business

4251 N FEDERAL HWY. #4  
BOCA RATON FL 33431

Mailing Address

4251 N FEDERAL HWY. #4  
BOCA RATON FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1028976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHARR, CHRISTINE  
4251 N FEDERAL HWY, #4  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHARR, CHRISTINE	
STREET ADDRESS	4251 N FEDERAL HWY, #4	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUSEM, BRIAN	
STREET ADDRESS	4251 N FEDERAL HWY, #4	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVID, RICK	
STREET ADDRESS	4251 N FEDERAL HWY, #4	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Joseph R. Scharr	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1331 SW 5th Ct	
STREET ADDRESS	Boca Raton FL 33432	
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		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph R. Scharr, T	
STREET ADDRESS	1331 SW 5th Ct	
CITY-ST-ZIP	Boca Raton, FL 33432	
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		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)