

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90045 009 ***150.00

DOCUMENT # P01000012824

1. Entity Name

FOX TECHNOLOGIES GROUP, INC.



Principal Place of Business

**14728 96TH LANE NORTH
WEST PALM BEACH FL 33412**

Mailing Address

**14728 96TH LANE NORTH
WEST PALM BEACH FL 33412**

2. Principal Place of Business

7048 Chesapeake Cir.

Suite, Apt. #, etc.

3. Mailing Address

7048 Chesapeake Cir

Suite, Apt. #, etc.

City & State

Boynton Bch, FL

City & State

Boynton Bch, FL

Zip

33436

Country

USA

Zip

33436

Country

USA

4. FEI Number

65-1075504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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 \$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 **PSD** ☐ Delete
NAME **FUCHS, RACHAEL M**
STREET ADDRESS **14728 96TH LANE NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **VTD** ☐ Delete
NAME **FUCHS, MAXIMILIAN**
STREET ADDRESS **14728 96TH LANE NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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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 *Rachael Fuchs* **SIGNATURE REQUIRED** *Rachael Fuchs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-03 561-662-5255

CR2E034 (10/02)