

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90049 029 ***150.00

DOCUMENT # P01000096229

1. Entity Name
INDEPENDENCE FINANCIAL GROUP CORP.



Principal Place of Business
**2903 NORTH 38TH AVENUE
HOLLYWOOD FL 33021**

Mailing Address
**2903 NORTH 38TH AVENUE
HOLLYWOOD FL 33021**

30000137



2. Principal Place of Business

3000 S. OCEAN DR

3. Mailing Address

3000 S. OCEAN DR

Suite, Apt. #, etc.

11-E

Suite, Apt. #, etc.

11-E

☐ CHECK HERE IF MAKING CHANGES

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number **65-1143138**

Applied For

Not Applicable

Zip

33019

Country

USA

Zip

33019

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORDON, CHARLES
2903 N. 38TH AVE
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Charles Gordon

Street Address (P.O. Box Number is Not Acceptable)

3000 S. OCEAN DR #11-E

City

Hollywood

FL

Zip Code

33019

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Chris Gordon 1-20-03

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 **PSTD** ☐ Delete
NAME **GORDON, CHARLES**
STREET ADDRESS **2903 NORTH 38TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03
Date

954-465-8637
Daytime Phone #

CR2E034 (10/02)