2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000104274 **DOCUMENT #**

1. Entity Name

THE FINANCIAL SERVICES GROUP INC.



Feb 27, 2003 8:00 am Secretary of State
02-27-2003 90176 023 ***150.00 **FILED**

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2. Principal Place of Business Suite, Act. 8, otc. Suite, Act. 8, otc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired SE.75 Additional Fee Required 8. The Additional Fee Required SUNRISE FL 33351 City FL Zip Code Sunse and Address of New Registered Agent Name Name Name Sunrise FL 33351 City FL Zip Code Sunse Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 City FL Zip Code Sunse Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 City FL Zip Code Sunse Address (P.O. Box Number is Not Acceptable) Sunrise Sunse Address of New Registered Agent FL Edward Sunse S		TREE DRIVE UN 33351		Mailing Address 8461 SPRINGTREE DRIVE UNIT 309 SUNRISE FL 33351			, in						
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S. Name and Address of Current Registered Agent FERRIN, MATTHEW A461 SPRINGTREE DRIVE UNIT 309 SUNRISE FL 33351 City City City City City FL Zin Code 8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Riolda. I am familiar with, and accept the ellipations of registered agent and address of New Registered Agent City City FL Zin Code 8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Riolda. I am familiar with, and accept the ellipations of registered agent and antily submits this statement for the purpose of changing its registered agent agents agents registered agent agents agents registered agent agents registered agent agents agents registered agent agents agents registered agent agents registered agent agents agents agents agents agents agents registered agent agents age	City & Sta	ite		City & State									
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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 attaching no with an address, with an other like empowered.

SIGNATURE:

Daytime Phone #