

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013002

1. Entity Name

DRS GROUP, INC.

WIEDER FINANCIAL GROUP, INC.

Principal Place of Business

100 W. CYPRESS CREEK ROAD
5TH FLOOR
FT. LAUDERDALE FL 33308

Mailing Address

100 W. CYPRESS CREEK ROAD
5TH FLOOR
FT. LAUDERDALE FL 33308

2. Principal Place of Business

231 GOOLSBY BLVD

Suite, Apt. #, etc.

3. Mailing Address

231 GOOLSBY BLVD

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FEI Number

65-0550681

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DIANE L
100 W. CYPRESS CREEK RD.
5TH FLOOR
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: DIANE L. WIEDER
Street Address (P.O. Box Number is Not Acceptable)
231 GOOLSBY BLVD

City

DEERFIELD BEACH FL

Zip Code 33442

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

4-18-02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

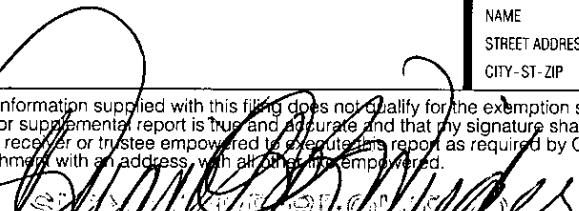
12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS-WIEDER, DIANE L		NAME	
STREET ADDRESS	100 W. CYPRESS CREEK RD. 5TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ERIC A		NAME	
STREET ADDRESS	100 W. CYPRESS CREEK RD. 5TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other firms empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 954-698-6180
Date Daytime Phone #

CR2E034 (9/01)