FILED Feb 19, 2003 8:00 am & Secretary of State

02-19-2003 90166 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000013002 DOCUMENT #

1. Entity Name

WIEDER FINANCIAL GROUP, INC.

					133	TEST				
Principal Place of Business 231 GOOLSBY BLVD DEERFIELD BEACH FL 33442		231	Mailing Address 231 GOOLSBY BLVD DEERFIELD BEACH FL 33442							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. F	65-0550681		oplied For
Zip	Country	Zip		Coun	ntry		5. 0	Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Curren	Register	ed Agent				7. N	lame and Address of New Registered	Agent	
ROBERTS, DIANE L 231 GOOLSBY BLVD DEERFIELD BEACH FL 33442					25	Ric ddress (F		D S. WIEDER ox Number is Not Acceptable) OLSBY BOULE AND)	
					City	AL	ici	a BLACH FL	Zip God	3/14/2
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									_ Added	May Be to Fees
	# OFFICERS AND	DIRECTO		11.		1 00		DITIONS/CHANGES TO OFFICERS AND	~/~~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROBERTS-WIEDER, DIANE L 231 GOOLSBY BLVD DEERFIELD BEACH FL 33442		☐ Delete			RSIL 231 DEE	4AI	RO S. WiEDER OOLSBY BLVO HELD BEACH FL 3	**Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROBERTS, ERIC A 231 GOOLSBY BLVD DEERFIELD BEACH FL 33442		□ Delete	•	E +000500	DIA 231 DEE) -∪£ 61	L. WIEDER	Change 3442	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			سيحد ڪ سي		, were e de le le	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Delete						☐ Change	☐ Addition
TITLE Name Street address City-St-Zip			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition

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 apdress, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #