

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90065 013 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000079102

1. Entity Name

DIRECT FINANCIAL GROUP, INC.

Principal Place of Business

**13785 NW 22 PL.
 SUNRISE FL 33323
 US**

Mailing Address

**13785 NW 22 PL.
 SUNRISE FL 33323
 US**

2. Principal Place of Business

1020 SW 93 Ave

Suite, Apt. #, etc.

3. Mailing Address

1020 SW 93 Ave

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation, FL

4. FEI Number

65-0612891

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLEISCHER, SCOTT
 13785 NW 22 PL.
 SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name **Scott Fleischer**
 Street Address (P.O. Box Number is Not Acceptable)
1020 SW 93 Ave
Plantation, FL 33324
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/15/02
 DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FLEISCHER, SCOTT	
STREET ADDRESS	13785 NW 22 PL.T. DR.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLEISCHER, RACHEL	
STREET ADDRESS	13785 NW 22ND PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 984-614-6233
 Date Daytime Phone #

CR2E034 (9/01)