

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90447 036 ***150.00

DOCUMENT # P96000019792

1. Entity Name
PEOPLES CHOICE FINANCIAL, INC.

Principal Place of Business

**4501NW 103 AVE #202
 #202
 SUNRISE FL 33351
 US**

Mailing Address

**4501NW 103 AVE #202
 #202
 SUNRISE FL 33351
 US**

2. Principal Place of Business

5649 N.W. 84 TERR.

3. Mailing Address

5649 N.W. 84 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FLORIDA

City & State

TAMARAC, FLORIDA

Zip **33351**

Country **USA**

Zip **33351**

Country **USA**

4. FEI Number

65-0629432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCWHORTER, ROGER
 4501 NW 103 AVENUE, # 202
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **MCWHORTER, ROGER**
 Street Address (P.O. Box Number is Not Acceptable)
5649 N.W. 84 TERRACE
 City **TAMARAC** **FL** Zip Code **33351**

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 *Roger McWhorter* **ROGER MCWHORTER**

APRIL 6, 2002

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☐ Delete
 NAME **MCWHORTER, ROGER**
 STREET ADDRESS **4501 NW 103 AVENUE # 202**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **ROGER MCWHORTER**
 STREET ADDRESS **5649 N.W. 84 TERRACE**
 CITY-ST-ZIP **TAMARAC, FLORIDA 33351**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Roger McWhorter* **ROGER MCWHORTER** **4/5/02** **954-722-3336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)