

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90342 027 ***150.00

DOCUMENT # **P 96 0000 19792**
1. Entity Name **PEOPLES CHOICE FINANCIAL, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1501 MINUTEMAN CAUSEWAY
Suite, Apt. #, etc. **#102**
City & State **COCOA BEACH, FL**
Zip **32931** Country **BREVARD**

3. Mailing Address
1501 MINUTEMAN CSWY.
Suite, Apt. #, etc. **#102**
City & State **COCOA BEACH, FL**
Zip **32931** Country **BREVARD**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0629432** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MCWHORTER, ROGER**
Street Address (P.O. Box Number is Not Acceptable) **1501 MINUTEMAN CAUSEWAY #102**
City **COCOA BEACH** FL Zip Code **32931**

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 **Roger McWhorter** **ROGER MCWHORTER, Pres** **APRIL 21, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P-D**
NAME **MCWHORTER, ROGER**
STREET ADDRESS **1501 MINUTEMAN CSWY, #102**
CITY - ST - ZIP **COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Roger McWhorter** - **ROGER MCWHORTER** **4/21/04** **321-784-5030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)