

2003 Uniform  
**2002 UNIFORM BUSINESS REPORT (UBR)**

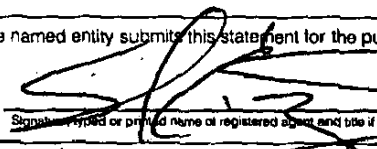
DOCUMENT # **P97000052879**

1. Entity Name

**THE FOX FINANCIAL GROUP, INC.**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91441 013 \*\*\*150.00

|                                                                                                                                                                |                                                                                            |                                                                                                                                              |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>9121 N MILITARY TRAIL<br>SUITE 109<br>PALM BEACH GARDENS FL 33410<br>US                                                         |                                                                                            | Mailing Address<br>142 ISLE DR.<br>PALM BEACH GARDENS FL 33418                                                                               |                                                                        |
| 2. Principal Place of Business<br>9123 N. Military Tr.<br>Suite, Apt. #, etc. # 104<br>City & State Palm Beach Gardens, FL<br>Zip 33410 Country US             |                                                                                            | 3. Mailing Address<br>9123 N. Military Tr.<br>Suite, Apt. #, etc. # 104<br>City & State Palm Beach Gardens, FL<br>Zip 33410 Country Palm Bch |                                                                        |
| 4. FEI Number 65-0766912                                                                                                                                       |                                                                                            | Applied For Not Applicable                                                                                                                   |                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                       |                                                                                            |                                                                                                                                              |                                                                        |
| 6. Name and Address of Current Registered Agent<br>MATHISON, STEPHEN S<br>5606 P.G.A. BLVD SUITE 211<br>PALM BEACH GARDENS FL 33418                            |                                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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  (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) <input type="checkbox"/>          |                                                                                            | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>      |                                                                        |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees                                                  |                                                                                            |                                                                                                                                              |                                                                        |
| 11. OFFICERS AND DIRECTORS                                                                                                                                     |                                                                                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                        |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 | 0<br>CRATZ, STEPHANIE P.<br>9121 N MILITARY TRAIL SUITE-109<br>PALM BEACH GARDENS FL 33410 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               | CRATZ, Stephanie<br>9123 N Military Trail<br>P. Beach Gardens FL 33410 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 | 1<br>CRATZ, Stephen<br>9123 N. Military Trail S. 104<br>Palm Beach Gardens, FL 33410       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                               |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                 |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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 1 changed, or on an attachment with an address with all other like empowered.



4-29-03

President