2003 Uniform

~~2002~~ UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91441 013 ***150.00

DOCUMENT # P97000052879

1. Entity Name
THE FOX FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
9121 N MILITARY TRAIL SUITE 109 PALM BEACH GARDENS FL 33410 US	142 ISLE DR. PALM BEACH GARDENS FL 33418

2. Principal Place of Business	3. Mailing Address
9123 N. Military Tr. Trail	Same 9123 N. Military Tr.
Suite, Apt. #, etc. # 104	Suite, Apt. #, etc. #104
City & State Palm Beach Gardens, FL	City & State Palm Bch Gardens, FL
Zip 33410 Country US.	Zip 33410 Country Palm Bch

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0766912 ☐ Applied Fo ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATHISON, STEPHEN S 5606 P.G.A. BLVD SUITE 211 PALM BEACH GARDENS FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) 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) ☐

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 E Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRATZ, STEPHANIE P 9121 N MILITARY TRAIL SUITE 109 PALM BEACH GARDENS FL 33410	☐ Delete	CRATZ, Stephanie 9123 N Military Trail P. Beach Gardens FL 33410	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRATZ, Stephen 9123 N. Military Trail S. 104 Palm Beach Gards, FL 33410	☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

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 informatio 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 direct 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