

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90036 022 \*\*\*150.00

**DOCUMENT #** P97000062913  
1. Entity Name  
**FOX FINANCIAL CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4303 Beau Rivage Circle  
Suite, Apt. #, etc.

3. Mailing Address  
4303 Beau Rivage Circle  
Suite, Apt. #, etc.

City & State  
Lutz, Florida 33558

City & State  
Lutz, Florida

Zip Country  
33558 Hillsborough

Zip Country  
33558 Hillsborough

4. FEI Number  
59-3461703

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  
Richard E. Wiles

Street Address (P.O. Box Number is Not Acceptable)  
4303 Beau Rivage Circle

City  
Lutz

FL Zip Code  
33558

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 Richard E. Wiles Richard E. Wiles 4-29-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	Director Richard E. Wiles 4303 Beau Rivage Circle Lutz, FL 33558	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard E. Wiles - Richard E. Wiles 4-29-02 813-948-0837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)