2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000088725** Feb 07, 2000 8:00 am **Secretary of State** CHOICE FINANCIAL GROUP, INC. 02-07-2000 90072 021 ***150.00 Mailing Address Principal Place of Business 1108 S. MILITARY TR 1108 S. MILITARY TR WEST PALM BEACH FL 33415-4719 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0803687 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWEIGER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9752 SW SANTA MONICA DR PALM CITY FL 34990 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition **VPTD** TITLE TITLE ☐ Delete EZELL. RANDALL A. MARKE NAME 610 Malabar Ave FT Pierce, FL 34949 1108 S. MILITARY TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP W PALM BEACH FL 33415 PEESIDOUT ☐ Change ☐ Addition TITLE ☐ Delete TITLE 1108 S. MILITARY TE MAYS, FRANK D. NAME NAME STREET ADDRESS STREET ADDRESS 1108 S. MILITARY TR WPB, FL 33415 CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33415 SCHOTANY Change ☐ Addition SD TITLE Delete_ TITLE SCHWEIGER, ROBERT L. NAME NAME 9752 SW Santa Monica Dr STREET ADDRESS 1108 S. MILITARY TR STREET ADDRESS Palm City, FL 34990 CHARMAN OF BUARCY CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33415 Change Addition ☐ Delete TITLE TITLE Roberts, I HAL In 105 NE Charleston Oaks Dr ROBERTS, J. HILL J NAME NAME STREET ADDRESS STREET ADDRESS 1108 S. MILITARY TR CITY-ST-ZIP Port St Lucie, FL 34ABZ CITY-ST-7IP W PALM BEACH FL-33415 ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #