

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P 97000088725**

1. Entity Name

Choice Financial Group, Inc.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90094 048 ***150.00

Principal Place of Business

Mailing Address

9752 SW Santa Monica Drive
Palm City, FL 34990**A0029753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0803687

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Schweiger, Robert
9752 SW Santa Monica Dr
Palm City, FL 34990

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and effects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D EZEK, RONALD**
STREET ADDRESS **80 Malabar Ave**
CITY-ST-ZIP **FT Pierce, FL 34949**TITLE ☐ Delete
NAME **MAYS, Frank**
STREET ADDRESS **1003 Waterway Village Ct**
CITY-ST-ZIP **Green Acres, FL 33413**TITLE ☐ Delete
NAME **S, P, D - Schweiger, Robert**
STREET ADDRESS **9752 SW Santa Monica Dr**
CITY-ST-ZIP **Palm City FL 34990**TITLE ☐ Delete
NAME **C, D Roberts, J. Ann, Jr.**
STREET ADDRESS **105 NE Charleston Oaks Dr**
CITY-ST-ZIP **Pt St Lucie, FL 34982**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robt Schweiger, President

Date

2/18/01

Daytime Phone #

561-597
6664

CR2E034 (11/00)