

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90174 020 ***150.00

DOCUMENT # P98000064481

1. Entity Name

THE STOUT FINANCIAL GROUP, INC.



Principal Place of Business

2605 NW 80TH AVE.

MARGATE FL 33063

Mailing Address

2605 NW 80TH AVE.

MARGATE FL 33063

2. Principal Place of Business

6022 NW 56TH CIRCLE

3. Mailing Address

6022 NW 56TH CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



22003131

☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0859987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOUT, CHARLES G

2605 NW 80TH AVE. 6022 NW 56 CIRCLE

MARGATE FL 33063 Coral Springs, FL 33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles G. Stout

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STOUT, CHARLES G 2605 NW 80TH AVE. MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STOUT, ALYSSA 2605 NW 80TH AVE. MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles G. Stout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles G. Stout

Date

Daytime Phone #

2/1/03 954-295-3051

CR2E034 (10/02)