2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -2 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AV 00928819

DOCUMENT # P98000098751

1. Entity Name
CHOICES INSURANCE & FINANCIAL SERVICES, INC.

CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
883 E. BLOOMINGDALE AVE. BRANDON FL 33511	883 E. BLOOMINGDALE AVE. BRANDON FL 33511

2. Principal Place of Business	3. Mailing Address
210 BRYAN ROAD Suite, Apt. #, etc.	210 BRYAN ROAD Suite, Apt. #, etc.
City & State: BRANDON, FL	City & State: BRANDON, FL
Zip: 33511 Country: USA	Zip: 33511 Country: USA

4. FEI Number 59-3543764 ☐ Applied For ☐ Not Applicable

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
SIERRA, MARK 883 E. BLOOMINGDALE AVE BRANDON FL 33511	Name: SIERRA, MARK Street Address (P.O. Box Number is Not Acceptable): 210 BRYAN ROAD City: BRANDON FL Zip Code: 33511

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	PSTD SIERRA, MARK 883 E. BLOOMINDALE AVE BRANDON FL 33511	☐ Delete	PSTD SIERRA, MARK 210 BRYAN ROAD BRANDON, FL 33511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800023507938 10/02/03--01020--015 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (4/03)

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: SIGNATURE REQUIRED 9/30/03 8136618300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #