

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 035 ***150.00

DOCUMENT # **5436000**

1. Entity Name

FINANCIAL COMMUNICATIONS GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8066 N SAVANNAH CIRCLE

3. Mailing Address

8066 N SAVANNAH CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL

City & State
DAVIE, FL

4. FEI Number
65-0258184

Applied For
Not Applicable

Zip
33328

Country
BROWARD

Zip
33328

Country
BROWARD

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

7. Name and Address of Current Registered Agent

Name
MARSHALL H. MOORE

Street Address (P.O. Box Number is Not Acceptable)
8066 N SAVANNAH CIRCLE

City
DAVIE

FL Zip Code
33328

**DO NOT WRITE
IN THIS SPACE**

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 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
PRESIDENT
MARSHALL H. MOORE
8066 N SAVANNAH CIRCLE
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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: Marshall H. Moore, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (954)-472-3983
Date Daytime Phone #

CR2E034B (12/01)