

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90418 046 ****50.00

DOCUMENT # L01000006778

1. Entity Name
LOCKLINE WARRANTY SERVICES OF FLORIDA, LLC

Principal Place of Business
444 W. 47TH STREET, SUITE 900
KANSAS CITY MO 64112

Mailing Address
444 W. 47TH STREET, SUITE 900
KANSAS CITY MO 64112

968654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7400 State Line Road
 Suite, Apt. #, etc.

3. Mailing Address
7400 State Line Road
 Suite, Apt. #, etc.

City & State
Prairie Village, KS

City & State
Prairie Village, KS

4. FEI Number
43-1926823

Applied For
 Not Applicable

Zip Country Zip Country
66208 United States 66208 United States

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS
 TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **John T. Lockton, III**
 CITY-ST-ZIP **444 W. 47th Street, Suite 900**
Kansas City, MO 64112-1906

10. ADDITIONS/CHANGES
 TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **David M. Lockton**
 CITY-ST-ZIP **444 W. 47th Street Suite 900**
Kansas City, MO 64112-1906

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED **5/23/01** **816-960-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)