

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90007 042 \*\*\*\*50.00

**DOCUMENT # L00000001093**

1. Entity Name

**MG FINANCIAL SERVICES, LLC**



Principal Place of Business

**3005 CARING WAY  
SUITE A  
PORT CHARLOTTE FL 33952**

Mailing Address

**3005 CARING WAY  
SUITE A  
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1041362**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOINER, J. SCOTT  
3005 CARING WAY  
SUITE A  
PORT CHARLOTTE FL 33952**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CROSLAND, BRIAN W 3005 CARING WAY, SUITE A PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JOINER, J. SCOTT 3005 CARING WAY, SUITE A PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EDBROOKE, CHRISTOPHER J 3005 CARING WAY, SUITE A PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (10/02)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*11/7/03* *(941) 629-1197*  
Date Daytime Phone #

*MEMBER*