

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008870

1. Entity Name
CPA FINANCIAL SERVICES, L.L.C.



Principal Place of Business
702 U.S. 27 NORTH
AVON PARK FL 33825

Mailing Address
702 U.S. 27 NORTH
AVON PARK FL 33825

2. Principal Place of Business

5126 N. Huckleberry

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7756

Suite, Apt. #, etc.

City & State

Sebring, FL 33875

City & State

Sebring, FL 33872-0113

Zip

Country

33875

USA

Zip

Country

33872-0113

USA

4. FEI Number 65-1024059

Applied For
Not Applicable

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

MCNORTON, ALBERT G

702 U.S. 27 NORTH

AVON PARK FL 33825

Name

Street Address (P.O. Box Number is Not Acceptable)

5126 N. Huckleberry
Sebring, FL 33872-0113

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

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MCNORTON, ALBERT G
702 U.S. 27 NORTH
AVON PARK FL 33825
Sebring, FL 33872

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600021083426
06/23/03-01094-001 **\$0.00
☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

DATE

Daytime Phone #

FILED
03 SEP -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

0026184 FP

CR2E083 (4/03)