2001 UNIFORM BUSINESS REPORT (UBR)

| Zip Country Zip Country 5. Certificate of Status Desired | DOCUMENT # L0000009089 1. Entity Name EVEREST FINANCIAL GROUP, LLC #1 | | | | | FILED OI MAR -9 AM 10: 36 | | | |
|---|---|--|------------------------|------------------------|--|--|------------------------|------------|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Addition North | 540 NW 5TH | I ST., SUITE 1 | 7540 NW 5TH ST., SUITE | 1 ' | | SECRETARY TALLAHASSEI | OF STATE E. FLORID, | 4 | |
| City & State Country Country S. Certificate of Status Desired Regulared Regu | Principal Pla | ace of Business | 3. Mailing Address | | _ | | | | |
| Zip Country Zip Country S. Certificate of Status Desired S. S.00 Address of Status Desired S. S.00 Address of Status Desired S. Certificate of Status Desired S. S.00 Address of New Registered Agent | Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | e, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | |
| Signature Sign | City & State City & State | | | | | | | | |
| 8. Name and Address of Current Registered Agent Name BOMSER, STEVEN 7540 NW 5TH ST., SUITE 1 PLANTATION FL 33317 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered difference or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS TODD BOMSEL TODD BOMSEL TODD BOMSEL TODD BOMSEL TODD BOMSEL TODD BOMSEL TOTAL OF ACID WATCH CT SIRET ADDRESS CITY-ST-ZIP TITLE VICTORY-ST-ZIP TITLE VICTORY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP T | Zip Country | | Zip . | žip Country | | 5. Certificate of Status Desired Sta | | | |
| BOMSER, STEVEN 7540 NW 5TH ST., SUITE 1 PLANTATION FL 33317 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 Signature, typed or printed name of registered agent and 15th if application. NOTE Registered Agent signature required when refritating) PLE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANIAGING MEMBERS / MEMBERS ITILE NAME SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2 | | 6 Name and Address of Current | Registered Agent | | 7 Nam | e and Address of New Registers | | a | |
| Total NW 5TH ST., SUITE 1 PLANTATION FL 33317 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 Signature, typed or printed name of registered agent and this project in the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS TITLE NAME SIRET ADDRESS TOTAL PLANTATION FL 37377 TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP T | | o. Manie and Address of Cultain | in Aistoica whaii | Name | 7. I48II | C CHA WOOLESS OF HEW DERISTELS | w wholit | | |
| To Do Doy Set Title NAME Signature. Typed or printed name of inguisered agent and 5% if applicable. NOTE Registered Agent signature required when reimstating) P. D Doy Set Title NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Change Change | BOMSER, | STEVEN | | Street Add | Chrost Address (D.O. Boy Number is Not Assessable) | | | | |
| 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 1056 if applicable. (NOTE Registered Agent signature required when reinstating) P. D. MANAGING MEMBERS / MEMBERS ITILE NAME SIRET ADDRESS CITY-ST-ZIP TO DE BOM SEL SIRET ADDRESS CITY-ST-ZIP TO DE BOM SEL SIRET ADDRESS CITY-ST-ZIP TO DE BOM SEL SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP Change Chang | 7540 NW 5 | 5TH ST., SUITE 1 | | | Street Address (F.O. Box Number is Not Acceptable) | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and 996 if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE TOPD BOMSEL THE NAME SIRET ADDRESS CITY-ST-ZIP TOPD BOMSEL THE NAME STRETA DORESS CITY-ST-ZIP TOPD BOMSEL THE NAME STRETA DORESS CITY-ST-ZIP Delete TITLE NAME STRETA DORESS CITY-ST-ZIP Change CHANTATION CHANGES CITY-ST-ZIP CHANTATION CHANTATION CHANTATION CHANGES CITY-ST-ZIP CHANTATION CHANT | PLANTATIO | ON FL 33317 | | | · | | | | |
| SIGNATURE 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 | | | | City | | F | Zip Cod | e | |
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