

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000010670**1. Entity Name
COMMISSION EXPRESS OF FLORIDA, LLC

Principal Place of Business 2181 NW 62ND DRIVE BOCA RATON FL 33496	Mailing Address 2181 NW 62ND DRIVE BOCA RATON FL 33496
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required**6. Name and Address of Current Registered Agent**FINANCIAL SOLUTIONS, INC.
2181 NW 62ND DRIVE

BOCA RATON FL 33496 US

7. Name and Address of New Registered AgentName
FINANCING SOLUTIONS, INC.
Street Address (P.O. Box Number is Not Acceptable)
2181 NW 62ND DRIVE

City BOCA RATON FL Zip Code 33496

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 **RICK H. SCHUSTER****03/05/2001**

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 Department of State**9. MANAGING MEMBERS / MEMBERS**

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUSTER RICK HPRES 2181 NW 62ND DRIVE BOCA RATON FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUSTER MARTIN LCEO 2181 NW 62ND DRIVE BOCA RATON FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rick H. Schuster

MGR 03/05/2001

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

Date

Daytime Phone #

CR2E083 (11/00)