

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

000469

**DOCUMENT # L00000011726**

1. Entity Name

**PRUDENTIAL INVESTMENTS SERVICES, LLC**

03-29-2002 91062 001 \*\*\*700.00

Principal Place of Business

**1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060**

Mailing Address

**1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060**

2. Principal Place of Business

**Annesley House, Rectory Rd.**

Suite, Apt. #, etc.

**N. Farmbridge, Chelmsford**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

**Essex, UK**

Zip

Country

**UK**

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CARLTON MANAGEMENT, INC.  
1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060**

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.

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **VINITSKI, VITALI**  
STREET ADDRESS **22 VYSOKIY LANE**  
CITY-ST-ZIP **ODESSA, UKRAINE 65028**

TITLE **MGRM** ☐ Delete  
NAME **RAYNER, MARK RONALD**  
STREET ADDRESS **N. FAMBRIDGE CHELMSFORD ANNESLEY HOUSE**  
CITY-ST-ZIP **ESSEX, UNITED KINGDOM**

TITLE **MGRM** ☐ Delete  
NAME **RAYNER, SYLVIA G**  
STREET ADDRESS **N. FAMBRIDGE CHELMSFORD ANNESLEY HOUSE**  
CITY-ST-ZIP **ESSEX, UNITED KINGDOM**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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**

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

Date

Daytime Phone #

**3/14/02 954-943-1498**

CR2E083 (9/01)