2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am DOCUMENT # L00000013411 **Secretary of State** 1. Entity Name 02-18-2002 90167 045 ****50 00 PEN AIR FINANCIAL SERVICES, LLC Principal Place of Business Mailing Address 924300 1495 EAST NINE MILE ROAD 1495 EAST NINE MILE ROAD PENSACOLA FL 32514 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3683766 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OCHS, JOHN H Street Address (P.O. Box Number is Not Acceptable) 1495 EAST NINE MILE ROAD PENSACOLA FL 32514 City 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, 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE ☐ Delete ☐ Change Addition CR2E083 (9/01 NAME NAME OCHS, JOHN H STREET ADDRESS STREET ADDRESS 1495 EAST NINE MILE ROAD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

President 2/11/02