

* Amended *

03-13-2003 90004 003 *****50.00
L00000013411

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

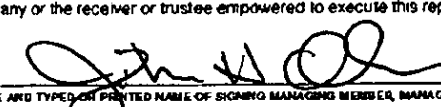
FILED

2003 MAR 18 PM 4:37

VISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L00000013411					
1. Entity Name PEN AIR FINANCIAL SERVICES, LLC					
Principal Place of Business 1495 EAST NINE MILE ROAD PENSACOLA, FL 32514			Mailing Address 1495 EAST NINE MILE ROAD PENSACOLA, FL 32514		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3683766	
				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		
OCHS, JOHN H 1495 EAST NINE MILE ROAD PENSACOLA, FL 32514			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)					
DATE _____					
FILE NOW WITH FEE IS \$50.00 NAME CHECK PEN AIR FINANCIAL SERVICES, LLC DUE BY MAY 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME		☐ Delete		
STREET ADDRESS	OCHS, JOHN H				
CITY-STATE-ZIP	1495 EAST NINE MILE ROAD PENSACOLA, FL 32514				
TITLE	NAME		☐ Delete		
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	NAME		☐ Delete		
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	NAME		☐ Delete		
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	NAME		☐ Delete		
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	NAME		☐ Delete		
STREET ADDRESS					
CITY-STATE-ZIP					
10. ADDITIONS/CHANGES					
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS					
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 3/11/03 Daytime Phone # 850-505-3200 Ext 1204					

CFR2003 (10/02)