7/11/2002-90246-0

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Aug 19, 2002 8:00 am
Secretary of State
07-11-2002 90246 047 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000745

1. Entity Name
JW FINANCIAL CONSULTING LLC

Principal Place of Business	Mailing Address
10650 GREEN BRIAR VILLA DR LAKE WORTH FL 33467	10650 GREEN BRIAR VILLA DR LAKE WORTH FL 33467

[redacted]

DO NOT WRITE IN THIS SPACE

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 22-376-4264 ☐ 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
WEINER, GERALD 10650 GREEN BRIAR VILLA DR LAKE WORTH FL 33467	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 _____ DATE
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
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ ☐ Delete ~~GERALD WEINER~~ ~~10650 GREENBRIAR Villa Dr.~~ ~~LAKE WORTH, FL 33467~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AUTHORIZED AGENT~~ ~~JUDITH WEINER~~ ~~10650 GREENBRIAR Villa Dr.~~ ~~LAKE WORTH, FL 33467~~ ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MG-RM GERALD WEINER 10650 GREENBRIAR Villa Dr. LAKE WORTH, FL 33467 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

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: MANAGING MEMBER GERALD WEINER 7-7-02 561 969-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #