

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90010 015 \*\*\*\*50.00

**DOCUMENT # L01000008416**

1. Entity Name

**UNIVERSAL FINANCIAL, LLC**

Principal Place of Business

Mailing Address

**6239 EDGEWATER DRIVE  
 STE N-3  
 ORLANDO FL 32816**

**6239 EDGEWATER DRIVE  
 STE N-3  
 ORLANDO FL 32816**

2. Principal Place of Business

3. Mailing Address

**220 CONGRESS PARK DR  
 Suite, Apt. #, etc.  
 255**

**220 CONGRESS PARK DR.  
 Suite, Apt. #, etc.  
 255**

**CITY & STATE  
 DEL RAY BEACH, FL**

**CITY & STATE  
 DEL RAY BEACH, FL**

**Zip  
 33445**

**Country  
 USA**

**Zip  
 33445**

**Country  
 USA**

4. FEI Number

**59-3720730**

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

**SCHARFELD, GREG  
 6239 EDGEWATER DRIVE  
 STE N-3  
 ORLANDO FL 32816**

Name

**WILLIAM E. COLE**

Street Address (P.O. Box Number is Not Acceptable)

**220 CONGRESS PARK DR.**

**STE. 255**

City

**DEL RAY BEACH**

FL

Zip Code

**33445**

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, 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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 GREG SCHARFELD  
 6239 EDGEWATER DR. STE N-3  
 ORLANDO, FL 32816**

☒ Delete

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 JAY B. SUMNER  
 220 CONGRESS PARK DR STE. 255  
 DEL RAY BEACH, FL 33445**

☐ Change

☒ Addition

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

☐ Delete

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE  
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 CITY-ST-ZIP**

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☐ Delete

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

☐ Change

☐ 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:

**SIGNATURE REQUIRED WILLIAM COLE**

**7-31-02**

**888-248-5841**

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

Date

Daytime Phone #

CR2E083 (4/02)