

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009946

FILED  
Sep 17, 2002  
Secretary of State

**Entity Name:** CAPITAL RESOURCE GROUP OF NORTH CAROLINA, LLC

**Current Principal Place of Business:**

2352 SPRINGS LANDING BLVD  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2352 SPRINGS LANDING BLVD  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 41-2024591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'CONNOR, DENISE  
2352 SPRINGS LANDING BLVD  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: OCONNOR, JAMES  
Address: 2352 SPRINGS LANDING BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: V ( ) Delete  
Name: OCONNOR, DENISE  
Address: 2352 SPRINGS LANDING BLVD  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OCONNOR, JAMES  
Address: 2352 SPRINGS LANDING BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition  
Name: OCONNOR, DENISE  
Address: 2352 SPRINGS LANDING BLVD  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DENISE OCONNOR

MGRM

09/17/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date