

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90002 010 \*\*\*\*50.00

**DOCUMENT # L01000016686**

1. Entity Name

**AZTEC FUNDING SERVICES LLC**

Principal Place of Business

P.O. BOX 353849  
PALM COAST FL 32135-3849

Mailing Address

P.O. BOX 353849  
PALM COAST FL 32135-3849

2. Principal Place of Business

P.O. Box 354929  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 354929  
Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip  
32135

Country  
USA

City & State

Palm Coast, FL

Zip  
32135

Country  
USA

4. FEI Number

59-3750858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

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 May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WARREN A King managing member ☐ Delete  
P.O. Box 353849  
PALM COAST FL 32135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Warren A. King

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

Date

Daytime Phone #

April 16, 02 (386) 931-4665

CR2E083 (9/01)