

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000017510**

1. Entity Name

**FINANCIAL SERVICE BROKERS, LLC****FILED**  
**Jul 21, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90215 033 \*\*\*\*\*55.00

07-21-2002 90015 028 \*\*\*\*\*55.00

0003583

Principal Place of Business  
**2709 BLAIR STONE LANE**  
**TALLAHASSEE FL 32301**

Mailing Address  
**2709 BLAIR STONE LANE**  
**TALLAHASSEE FL 32301**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1148082**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CLOUD CONSULTING, INC.**  
**2709 BLAIR STONE LANE**  
**TALLAHASSEE FL 32301**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert H. Cloud For Cloud Consulting, Inc.** **7-15-02**  
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	<u><b>Managing Member</b></u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u><b>MANAGING MEMBER</b></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u><b>LUKE ANASTASAKIS</b></u> <u><b>2189 Cleveland Street, #257</b></u> <u><b>CLEARWATER, FL 33765</b></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u><b>MANAGING MEMBER</b></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u><b>WADE CLOUD</b></u> <u><b>2709 Blair Stone Lane</b></u> <u><b>TALLAHASSEE, FL 32301</b></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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**

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

Date

Daytime Phone #

**7/15/02 850-482-638**

CRE083 (4/02)