LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000019714 1. Entity Name 04-01-2002 90675 019 ****50.00 SP FINANCIAL SERVICES, LLC DO NOT WRITE IN THIS SPACE 86266 2. Principal Place of Business 3. Mailing Address 1 NE FirstAAvenue NE First Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite3303 <u>Suite 303</u> City & State City & State 4. FEI Number Applied For Ocala, FL <u>Ocala, FL</u> 50-0002484 Not Applicable Zip Country Country \$5.00 Additional 34470 5. Certificate of Status Desired USA 34470 USA Fee Required 7. Name and Address of Current Registered Agent CHESTER J. TROW DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)

1 NE First_Avenue, IN THIS SPACE Suite 303 Ocala, 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 metric of registered agent and little if applicable. FEE IS \$50.00 Make Check Payable to Department of State Previously paid. DUE BY MAY I 9. MANAGING MEMBERS/MANAGERS T111 F Manager mle NAME: Jack Clark STREET ADDRESS 2216 Ashley Court STREET ADORESS CHY-SY-ZIP Ocala, FL 34471 CBY-S1-48 TITLE **TITLE** STREET ADDRESS STREET ADDRESS CHY-ST-ZIP (3:Y-51-28² TITLE KAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP GTY-ST-289 HILE me IN THIS SPACE KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-28 HIE ıme AMM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+S1+28 THEF 133.6 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY 51 187 11. Thereby 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 eath; that I am a managing member or manager of the limited liability company or the repetitor, or flustret empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: 4/30/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dawling Phone 2