

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90056 047 ****50.00

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DOCUMENT # L01000019860

1. Entity Name

WEALTHCARE FINANCIAL SERVICES, L.L.C.

Principal Place of Business

**1031 W. MORSE BLVD., SUITE 200
 WINTER PARK FL 32789**

Mailing Address

**1031 W. MORSE BLVD., SUITE 200
 WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2752777

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EDDY, CARSON L C.P.A.
 1031 W. MORSE BLVD., SUITE 200
 WINTER PARK FL 32789**

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

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **EDDY, CARSON L C.P.A.**
 STREET ADDRESS **1031 W. MORSE BLVD., SUITE 200**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **INCINELLI, VICTOR J C.P.A.**
 STREET ADDRESS **1031 W. MORSE BLVD., SUITE 200**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **HARP, HARRY E C.P.A.**
 STREET ADDRESS **1031 W. MORSE BLVD., SUITE 200**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **MEEKS, CHARLES M C.P.A.**
 STREET ADDRESS **1031 W. MORSE BLVD., SUITE 200**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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

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: *Nancy L. [Signature]* SIGNATURE REQUIRED

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

1/12/2002

Date

407-644-7455

Daytime Phone #

CR2E083 (9/01)