

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000020381

FILED  
Sep 21, 2002  
Secretary of State

**Entity Name:** M.B.O. FINANCIAL SERVICES, L.L.C.

**Current Principal Place of Business:**

3631 GATLIN PLACE CIRCLE  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

3631 GATLIN PLACE CIRCLE  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 59-3758957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFFMAN, BRIAN D  
3862 GATLIN PLACE CIRCLE  
ORLANDO, FL 32812 US

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

PATTERSON, MICHAEL S  
3862 GATLIN PLACE CIRCLE  
ORLANDO, FL 32812 US

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:** MICHAEL S. PATTERSON

09/21/2002

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PATTERSON, MICHAEL S  
Address: 3631 GATLIN PLACE CIRCLE  
City-St-Zip: ORLANDO, FL 32812 US

Title: MGR ( ) Change (X) Addition  
Name: HOFFMAN, BRIAN D  
Address: 3862 GATLIN PLACE CIRCLE  
City-St-Zip: ORLANDP, FL 32812 US

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:** MICHAEL S. PATTERSON

MGR

09/21/2002

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