

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000022258

FILED  
Feb 21, 2002 8:00 AM  
Secretary of State

**Entity Name:** FAITH MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

8910 N. DALE MABRY HWY., STE. 27  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8910 N. DALE MABRY HWY., STE. 27  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 30-0025422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FOX, NORMAN B  
Address: 8910 N. DALE MABRY HWY., STE. 27  
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete  
Name: ANDERSON, FRED  
Address: 8910 N. DALE MABRY HWY., STE. 27  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HESELTON, TINA M  
Address: 8910 N. DALE MABRY HWY., STE. 27  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** TINA M. HESELTON

PRES

02/21/2002

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