

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90041 010 \*\*\*\*50.00

0052318

**DOCUMENT # L02000007944**

1. Entity Name

**BUSINESS FINANCIAL SERVICES, LLC**



Principal Place of Business

**WAY**  
**251 CAMINO PLACE 1093 BALMORAL**  
**MELBOURNE BEACH FL 32940**  
**US**

Mailing Address

**251 CAMINO PLACE 1093 BALMORAL WAY**  
**MELBOURNE BEACH FL 32940**  
**US**

2. Principal Place of Business

**1093 BALMORAL WAY**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELBOURNE, FL**

City & State

**SAME**

Zip

**32940**

Country

**USA**

Zip

**SAME**

Country

**SAME**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**01-0699496**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, THERESA**  
**251 CAMINO PLACE**  
**MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

**THERESA HOWARD**

**1093 BALMORAL WAY**

**MELBOURNE**

**FL**

**Zip Code 32940**

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

*Theresa Howard*

**4-18-03**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**PRESIDENT/OWNER** ☐ Delete  
**THERESA HOWARD**  
**1093 BALMORAL WAY**  
**MELBOURNE, FL 32940**

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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☐ Delete

☐ Change ☐ 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:**

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

Date

Daytime Phone #

**4-18-03 (321) 751-1090**

CR2E083 (10/02)