

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90157 025 \*\*\*\*50.00

**DOCUMENT # L02000008506**

1. Entity Name

**QUEEN PARK FINANCING, LLC**



Principal Place of Business

13180 NORTH CLEVELAND AVENUE STE. 111  
NORTH FORT MYERS FL 33903

Mailing Address

13180 NORTH CLEVELAND AVENUE STE. 111  
NORTH FORT MYERS FL 33903

*605 Mirror Lakes Dr. 605 Mirror Lakes Dr.*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Lehigh Acres / FL*

*LEHIGH ACRES / FL*

Zip

Country

Zip

Country

*33936*

*33936*

4. FEI Number

*03-0426284*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNCAN, GORDON R ESO**  
**DUNCAN & TARDIF, P.A.**  
**1601 JACKSON ST., STE. 101**  
**FT. MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME *HANS BOOS Manager* ☐ Delete  
STREET ADDRESS *605 Mirror Lakes Dr.*  
CITY-ST-ZIP *LEHIGH ACRES, FL 33936*

TITLE NAME *MGR HANS BOOS* ☐ Change ☒ Addition  
STREET ADDRESS *605 MIRROR LAKES DR.*  
CITY-ST-ZIP *LEHIGH ACRES, FL 33936*

TITLE NAME *Gisela Boos, Member* ☐ Delete  
STREET ADDRESS *same address.*  
CITY-ST-ZIP

TITLE NAME *MGRM GISELA BOOS* ☐ Change ☒ Addition  
STREET ADDRESS *605 MIRROR LAKES DR.*  
CITY-ST-ZIP *LEHIGH ACRES, FL 33936*

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:**

*SIGNATURE REQUIRED*

*2/28/03*

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

Date

Daytime Phone #

CR2E083 (10/02)