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Mar 21, 2003 8:00 am
Secretary of State
02-05-2003 90033 039 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010262

1. Entity Name
CREDIT UNION SERVICES, LLC

Principal Place of Business	Mailing Address
711 SOUTH DALE MABRY HIGHWAY TAMPA FL 33609	711 SOUTH DALE MABRY HIGHWAY TAMPA FL 33609

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0676994 ☐ 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
HELBER, RICHARD 711 SOUTH DALE MABRY HIGHWAY TAMPA FL 33609	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	Director DuBOSE, JIMMY 7920 HORSE FERRY RD ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President HELBER, RICHARD 18229 CHARILLE RD LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director JAMES, FRANCES 1812 ALCORN RD VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director JURGENSON, PAULA 3306 WALLCRAFT TAMPA, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director BEAUCHAMP, CHARLIE 9826 McINTOSH Road DOVER, FL 33527	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director THOMPSON, VICKIE 1215 Scotsland DR. LAKELAND, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director THORNHILL, HARRISON L. 3200 LUCERNE PARK RD WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman of the Board HAGAN, RICK 718 41st AV. NE St. Petersburg, FL 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director BASS, ROSE MARIE 15704 TREVOSE LANE ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director QUAYLE, THOMAS 8413 BAY POINTE DR. TAMPA, FL 33615	☐ Change ☒ Addition

CR2E083 (10/02)

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] 1/28/2003 813-827-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #