FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90053 046 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013427

10103505

1. Entity Name
UNIVERSITY FINANCIAL SERVICES LLC

Principal Place of Business	Mailing Address
2607 HAMMOCK CT CLEARWATER, FL 33761 US	2607 HAMMOCK CT CLEARWATER, FL 33761 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2519 McMULLEN BOOTH ROAD			
Suite, Apt. #, etc. SUITE 510		Suite, Apt. #, etc.	
City & State CLEARWATER FL		City & State	
Zip 33762	Country USA	Zip	Country

4. FEI Number 75-3064360 ☐ 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
KONDROTAS, DAMIAN 2607 HAMMOCK CT CLEARWATER, FL 33761	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 ____________ 04-29-03
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME DAMIAN KONDROTAS STREET ADDRESS 2607 HAMMOCK CT CITY-ST-ZIP CLEARWATER FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME ROBERT CUMMINS STREET ADDRESS 2655 ULMERTON ROAD CITY-ST-ZIP CLEARWATER FL 33762	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ____________ 04-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #