

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017061

1. Entity Name

PEOPLE'S FINANCIAL SERVICES, LLC



FILED

03 OCT -2 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1800 SECOND STREET
SUITE 882
SARASOTA FL 34236

1800 SECOND STREET
SUITE 882
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

4308 Bryant's Pond Ln.

same as left side

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

4. FEI Number

Applied For

06-1646913

Not Applicable

Zip

Country

Zip

Country

34233

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, DONALD
1800 SECOND STREET
SUITE 882
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

4308 Bryant's Pond Ln.

City

Sarasota

FL

Zip Code

34233

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

Donald Wallace

9-25-03

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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
WALLACE, DONALD
1800 SECOND STREET, SUITE 882
SARASOTA FL 34236

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED

9-25-03

941-951-7526

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

Date

Daytime Phone #

CR2E083 (4/03)