

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0058310

DOCUMENT # L02000024806

1. Entity Name

FOCUS LENDING SERVICES GROUP, LLC



FILED

03 APR 25 PM 4:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

202 SOUTH 22ND STREET, STE. 210
TAMPA FL 33605

Mailing Address

202 SOUTH 22ND STREET, STE. 210
TAMPA FL 33605

2. Principal Place of Business

5001 W LEMON ST

3. Mailing Address

5001 W. LEMON ST

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. FEI Number

04-3715705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRUBAN, TIM

202 SOUTH 22ND STREET, STE. 210
TAMPA FL 33605

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

600017109326
25/03--01079--005 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
NAME PRUBAN, TIM J
STREET ADDRESS 2413 BAYSHORE BLVD SUITE 602
CITY-ST-ZIP TAMPA, FL 33629

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

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

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
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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

4/24/03 (813)281-0062

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

Date

Daytime Phone #

CR2E083 (10/02)