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## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## Apr 28, 2003 8:00 am Secretary of State DOCUMENT # L02000030128 04-28-2003 90094 003 \*\*\*\*50.00 ANALYTICAL FINANCE GROUP OF FLORIDA, LLC Principal Place of Business Mailing Address 1257 - 79TH STREET SOUTH 1257 - 79TH STREET SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 6-1662526 City & State City & State Applied For Not Applicable Zip ·Country-. Zip - -\_Country . ~ \$5.00 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHUETZ, STEVEN E 1257 - 79TH STREET SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 City 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 STEVEN E. SCHUETZ 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 MANAGING MEMBERS/MANAGERS 10. 9. ADDITIONS/CHANGES PRESIDENT & SECRETUTO Delete TITLE ☐ Change ☐ Addition NAME STEVEN E. SCHUETZ NAME STREET ADDRESS 1257.79th ST. 50. STREET ADDRESS 33707 CITY-ST-ZIP ST. PETERSBURG CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY.: ST - ZIP.... Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

Milweit @ STEVEN E. SCHUETZ MESIDENT 4/25/03 (727) 251-5389

STREET ADDRESS

CITY-ST-ZIP