

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0017786 AF

DOCUMENT # L94000000212

1. Entity Name

THE FINANCIAL VALUATION GROUP, L.C.

Principal Place of Business

8074 NORTH 56TH ST.  
TAMPA FL 33617

Mailing Address

8074 NORTH 56TH ST.  
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3298376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WETHERINGTON, R. WADE  
3321 HENDERSON BLVD.  
TAMPA FL 33609

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.

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
MARD, MICHAEL J ☐ Delete  
STREET ADDRESS 8074 NORTH 56TH ST.  
CITY-ST-ZIP TAMPA FL 33617

TITLE NAME MGR  
RIGBY, JAMES S JR ☐ Delete  
STREET ADDRESS 900 WILSHIRE BLVD., NO 514  
CITY-ST-ZIP LOS ANGES CA 90017

TITLE NAME MEM  
MARD, MICHAEL ☐ Delete  
STREET ADDRESS 8074 NORTH 56TH ST.  
CITY-ST-ZIP TAMPA FL 33617

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME 000004134350--0  
STREET ADDRESS -05/03/01--01116--016  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

Date

Daytime Phone #

Michael J. Mard 4/20/01 (813) 985-2232

CR2E083 (11/00)