2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90057 016 ****50.00

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[redacted]

DOCUMENT # L96000001344

1. Entity Name
CUSTOMER SERVICE CENTER OF F.N.B., L.L.C.

Principal Place of Business	Mailing Address
840 GOODLETTE ROAD N. SUITE 201 NAPLES FL 34102	840 GOODLETTE ROAD N. SUITE 201 NAPLES FL 34102

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0716538 — 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
GRAU, CHARLES C 2150 GOODLETTE RD., #800 NAPLES FL 34102	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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☐ Change ☑ Addition
NAME	TICE, GARY L		NAME	Stephen J. Gurgovits	
STREET ADDRESS	840 GOODLETTE ROAD N.		STREET ADDRESS	840 Goodlette Road N.	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	Naples, FL 34102	
TITLE	MGR	☑ Delete	TITLE	MGR	☐ Change ☑ Addition
NAME	BALLEW, J. PAUL		NAME	Garrett S. Richter	
STREET ADDRESS	840 GOODLETTE ROAD N.		STREET ADDRESS	840 Goodlette Road N.	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	Naples FL 34102	
TITLE	MGR	☑ Delete	TITLE	MGR	☐ Change ☑ Addition
NAME	COMBS, SONDRA R		NAME	Robert T. Raw	
STREET ADDRESS	840 GOODLETTE ROAD N.		STREET ADDRESS	840 Goodlette Road N.	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	Naples, FL 34102	
TITLE	MGR	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	DELARIO, BARBARA A		NAME		
STREET ADDRESS	840 GOODLETTE ROAD N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAU, CHARLES C		NAME		
STREET ADDRESS	840 GOODLETTE ROAD N.		STREET ADDRESS	600021644856	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	07/18/03--01060--009 **1100.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SIGNATURE REQUIRED — 8/4/03 — 239-435-7689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Charles C. Grau