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

☐ CHECK HERE IF MAKING CHANGES

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 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 _____ DATE
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

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

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