

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90001 031 ****50.00

DOCUMENT # L98000001459

1. Entity Name

HILLCREST FINANCIAL SERVICES, L.L.C.



Principal Place of Business

**110 E. HILLCREST STREET
ORLANDO FL 32801-1210**

Mailing Address

**110 E. HILLCREST STREET
ORLANDO FL 32801-1210**

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 **03-0481797**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BATTS, MICHAEL E
110 E. HILLCREST STREET
ORLANDO FL 32801-1210**

7. Name and Address of New Registered Agent

Name **Cuda, M. Sean**
Street Address (P.O. Box Number is Not Acceptable)
110 East Hillcrest St.

City **Orlando**

FL

Zip Code
32801

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 *M. Sean Cuda* **M. Sean Cuda** **Managing Member**

3/11/03

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 **MGRM** ☐ Delete
NAME **COTTRILL, CHRISTOPHER L**
STREET ADDRESS **110 E. HILLCREST STREET**
CITY-ST-ZIP **ORLANDO FL 32801-1210**

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

TITLE **MGRM** ☐ Delete
NAME **JACKSON, HARRY C JR.**
STREET ADDRESS **110 E. HILLCREST STREET**
CITY-ST-ZIP **ORLANDO FL 32801-1210**

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

TITLE **MGR** ☐ Delete
NAME **BATTS, MICHAEL E**
STREET ADDRESS **110 E. HILLCREST STREET**
CITY-ST-ZIP **ORLANDO FL 32801-1210**

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

TITLE **MGRM** ☐ Delete
NAME **HSTETTER, H. BLAKE**
STREET ADDRESS **110 E. HILLCREST STREET**
CITY-ST-ZIP **ORLANDO FL 32801-1210**

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

TITLE **MGRM** ☐ Delete
NAME **DURANCEAU, BONNIE B**
STREET ADDRESS **110 E. HILLCREST STREET**
CITY-ST-ZIP **ORLANDO FL 32801-1210**

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

TITLE **MGRM** ☐ Delete
NAME **CUDA, M. SEAN**
STREET ADDRESS **110 E. HILLCREST STREET**
CITY-ST-ZIP **ORLANDO FL 32801-1210**

TITLE ☐ Change ☐ Addition
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: *M. Sean Cuda*

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

3/11/03

Date

401-241-2426

Daytime Phone #

CR2E083 (10/02)