2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006989

1. Entity Name

CPA FINANCIAL SERVICES GROUP OF NORTH FLORIDA, L

FILED

`01 APR 18 PM 2: 45`

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
104 SE FIRST AVENUE	104 SE FIRST AVENUE
SUITE A	SUITE A
OCALA FL 34471	OCALA FL 34471

DO NOT WRITE IN THIS SPACE

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 **65-0959636** — 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
	Name
TURNER, LESLIE C JR	Street Address (P.O. Box Number is Not Acceptable)
104 SE FIRST AVENUE	
SUITE A	
OCALA FL 34471	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	4000040078174——8 -04/25/01--01089--024 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS   **10.** ADDITIONS/CHANGES

TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TURNER, LESLIE C JR		NAME		
STREET ADDRESS	104 SE FIRST AVENUE SUITE A		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _Leslie C. Turner_   Leslie C. Turner Jr   4/14/01

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

CR2E083 (11/00)