

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 25 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008569

1. Entity Name
MAR-LO-FLO FINANCIAL, LLC

Principal Place of Business SAME Mailing Address
2400 FEATHER SOUND DR. #628
CLEARWATER, FL 33762

2. Principal Place of Business 2400 FEATHER SOUND DR. Suite, Apt. #, etc. 628 City & State CLEARWATER FL Zip 33762 Country US		3. Mailing Address 2400 FEATHER SOUND DR. Suite, Apt. #, etc. 628 City & State CLEARWATER FL Zip 33762 Country US	
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4. FEI Number 59-3612134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~MARTIN LOPER, LLC~~ BARRY C. LOPER
2400 FEATHER SOUND DR. #628
CLEARWATER, FL 33762

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 _____ (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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PARTNER - MARTIN LOPER, LLC</u> <input type="checkbox"/> Delete 2400 FEATHER SOUND DR. #628 CLEARWATER, FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition X
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PARTNER - MICHAEL FLORENCE FINANCIAL INTL. LTD</u> <input type="checkbox"/> Delete 402 OJAGE AVE KANSAS CITY, KS 66105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition X 000003297140-0 -06/20/00-01052-020 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete X	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition X
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete X	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition X
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete X	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition X

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: B. C. Loper BARRY C. LOPER 4-6-00 727-540-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)