

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90041 008 ****50.00

DOCUMENT # M00000000903

1. Entity Name
INSTANTREFI.COM LLC



Principal Place of Business

**433 BROADWAY
SARATOGA SPRINGS NY 12866**

Mailing Address

**433 BROADWAY
SARATOGA SPRINGS NY 12866**

2. Principal Place of Business

**21 Congress St
Suite Apt. #, etc.
201**

3. Mailing Address

**21 Congress St
Suite Apt. #, etc.
201**

City & State

SARATOGA SPRINGS, N.Y.

City & State

SARATOGA SPRINGS, N.Y.

Zip

12866

Country

USA

Zip

12866

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

14-1822711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANG, CHRISTOPHER
433 BROADWAY
SARATOGA SPRINGS NY 12866**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**21 Congress St Suite 201
SARATOGA SPRINGS, N.Y. 12866**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: JOSEPH S. DIPONIO V.P.
SIGNATURE REQUIRED

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

1/10/03

Date

518-587-2500 ext 251

Daytime Phone #

CR2E083 (10/02)