

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90110 037 \*\*\*\*50.00

**DOCUMENT # M00000002650**

1. Entity Name

THESERVICETEAM.COM, L.L.C.



Principal Place of Business

4041 N. SANTA FE  
OKLAHOMA CITY OK 73118

Mailing Address

4041 N. SANTA FE  
OKLAHOMA CITY OK 73118

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 **73-1586488**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **WILSON, LOYD R MGR**  
STREET ADDRESS **4040 N. SANTA FE**  
CITY-ST-ZIP **OKLAHOMA CITY OK 73118**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **KATHRYN V. MCKINNEY**  
STREET ADDRESS **4041 N. SANTA FE**  
CITY-ST-ZIP **OKLAHOMA CITY, OK 73118**

TITLE **MGR** ☐ Delete  
NAME **PLOTKIN, LOREN MGR**  
STREET ADDRESS **4041 N. SANTA FE**  
CITY-ST-ZIP **OKLAHOMA CITY OK 73118**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: KATHRYN V. MCKINNEY**

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

**2/3/03**

Date

Daytime Phone #

CR2E083 (10/02)