

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90008 045 \*\*\*\*50.00

**DOCUMENT # M01000001004**

1. Entity Name  
**WASHINGTON MUTUAL FINANCE OF TEXAS, LLC**



Principal Place of Business  
**8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050**

Mailing Address  
**8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050**

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 **75-2931816**

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	Delete
	<b>P</b>			<input type="checkbox"/>
	<b>GILBERT, DANIEL J</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA FL 33637</b>	
	<b>SVP</b>			<input checked="" type="checkbox"/>
	<b>GARMER, JAMES R</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA FL 33637</b>	
	<b>SVP</b>			<input type="checkbox"/>
	<b>WHITING, GARY E</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA FL 33637</b>	
	<b>SVP</b>			<input checked="" type="checkbox"/>
	<b>LEVY, RICK M</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA FL 33637</b>	
	<b>SVP</b>			<input checked="" type="checkbox"/>
	<b>POUNDS, JACK W</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA FL 33637</b>	
	<b>S</b>			<input type="checkbox"/>
	<b>THURSTON, BEVERLY</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA FL 33637</b>	

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>FIRST VICE PRESIDENT &amp; SEC.</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>DEBORAH ROSE TRACY</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA, FL 33637</b>		
	<b>SENIOR VICE PRESIDENT</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>RICHARD E. GODDARD (ELVIS)</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA, FL 33637</b>		
	<b>SENIOR VICE PRESIDENT</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>PATRICIA BOUCHER</b>	<b>8900 GRAND OAK CIRCLE</b>	<b>TAMPA, FL 33637</b>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Beverly Thurston* **REQUIRED BEVERLY THURSTON**

2/11/03

813-632-4555

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

Date

Daytime Phone #

CR2E083 (10/02)