

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000630

1. Entity Name
YOUR EQUITY SOURCE, LLC

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90246 043 ****55.00

Principal Place of Business
13577 FEATHER SOUND DR., STE 111
CLEARWATER FL 33762

Mailing Address
13577 FEATHER SOUND DR., STE 111
CLEARWATER FL 33762

2. Principal Place of Business
319 5th ST N

3. Mailing Address
319 5th ST N

Suite, Apt. #, etc.

City & State
St. Petersburg FL

City & State
St. Petersburg FL

Zip
33701

Country
USA

Zip
33701

Country
USA

4. FEI Number **58-2319706**

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

WACH, MEL E
600 COLUMBUS DRIVE
ST PETERSBURG FL 32715

(Zipcode is)
33715

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code **33715**

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 *Mel E Wach* **Mel E Wach** **July 8, 2002**

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WACH, MEL E 13577 FEATHER SOUND DR., STE 111 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wach, Mel E 319 5th ST N, St Petersburg FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, SANDRA K 13577 FEATHER SOUND DR., STE 111 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Johnson, Sandra K 319 5th ST N, St Petersburg FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sandra K Johnson* **Sandra K Johnson, Exec. Vice President 7/8/02**

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

CR2E083 (4/02)