

# 02 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001340

Entity Name

SECURITY LENDING WHOLESALE L.C.

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90095 030 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 480 EAST 6400 SOUTH SUITE 205  
 SALT LAKE CITY UT 84107  
 1018 West Atherton Drive  
 Salt Lake City, UT 84123

Mailing Address  
 480 EAST 6400 SOUTH SUITE 205  
 SALT LAKE CITY UT 84107  
 1018 West Atherton Drive  
 Salt Lake City, UT 84123

2. Principal Place of Business  
 1018 West Atherton Drive  
 Suite, Apt. #, etc.

3. Mailing Address  
 1018 West Atherton Drive  
 Suite, Apt. #, etc.

City & State  
 Salt Lake City, UT 84123

City & State  
 Salt Lake City, UT 84123

4. FEI Number **87-0575764**  
 Applied For  
 Not Applicable

Zip Country  
 84123 USA

Zip Country  
 84123 USA

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

6. Name and Address of Current Registered Agent  
 FLORIDA COMPLIANCE SPECIALIST, INC.  
 1331 E. LAFAYETTE STREET, STE. F  
 TALLAHASSEE FL 32301

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 David J. Brimley July 16, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIMLEY, DAVID J 480 EAST 6400 SOUTH SUITE 205 SALT LAKE CITY UT 84107 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIME, MICHAEL 480 EAST 6400 SOUTH SUITE 205 SALT LAKE CITY UT 84107 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager David J. Brimley 1018 West Atherton Drive Salt Lake City, UT 84123 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager J. Michael Kime 1018 West Atherton Drive Salt Lake City, UT 84123 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: David J. Brimley July 16, 2002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)