
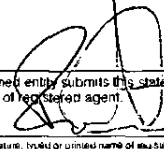
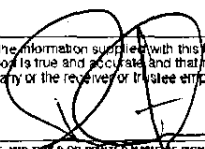


FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90053 046 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000013427			
1. Entry Name UNIVERSITY FINANCIAL SERVICES LLC			
Principal Place of Business 2607 HAMMOCK CT CLEARWATER, FL 33761 US		Mailing Address 2607 HAMMOCK CT CLEARWATER, FL 33761 US	
2. Principal Place of Business 2519 McMullen Booth Road		3. Mailing Address ROAD	
Suite, Apt. #, etc. SUITE 510		Suite, Apt. #, etc.	
City & State CLEARWATER FL		City & State	
Zip 33762	Country USA	Zip	Country
4. FEI Number 75-3064360		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KONDROTAS, DAMIAN 2607 HAMMOCK CT CLEARWATER, FL 33761		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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, the stated agent.			
SIGNATURE 		DATE 04-29-03	
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent's signature required when necessary)		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM DAMIAN KONDROTAS
STREET ADDRESS		STREET ADDRESS	2607 HAMMOCK CT
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM ROBERT CUMMINS
STREET ADDRESS		STREET ADDRESS	2655 ULMERTON ROAD
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER FL 33762
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 		DATE 04-29-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

10103505



CHECK HERE IF MAKING CHANGES

092003 (10/02)