

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

001504

DOCUMENT # **L99000005808**

1. Entity Name
POULOS VILLAGE, L.L.C.

03-13-2002 90122 039 ****50.00

Principal Place of Business Mailing Address
269 KELSEY PARK CIRCLE **269 KELSEY PARK CIRCLE**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business 3. Mailing Address
77 DUNBAR ROAD **77 DUNBAR RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PBG **PBG**
 Zip Country Zip Country
33418 **FL** **33418** **FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0948258** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POULOS, ANNE
269 KELSEY PARK CIRCLE
PALM BEACH GARDENS FL 33410
77 DUNBAR RD
PBG FL 33418

7. Name and Address of New Registered Agent

Name **POULOS, ANNE**
 Street Address (P.O. Box Number is Not Acceptable)
77 DUNBAR RD
 City **PBG** **FL** Zip Code **33418**

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.

SIGNATURE **Anne Poulos** **Anne Poulos** **3/1/02**
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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POULOS, ANNE 269 KELSEY PARK CIRCLE PALM BEACH GARDENS FL 33410	<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	MGR POULOS ANNE 77 DUNBAR RD PBG FL 33418	<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: **Anne Poulos** **Anne Poulos** **3/1/02** **56** **625-4306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)