

2002 UNIFORM BUSINESS REPORT (UBR)

0474578 AV

CR2E034 (9/01)

DOCUMENT # F01000001779

1. Entity Name
TULLY/WOODMANSEE INTERNATIONAL UK, LTD., LLC

FILED

02 APR 23 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2928 KENILWORTH BOULEVARD
SEBRING FL 33870

Mailing Address

2928 KENILWORTH BOULEVARD
SEBRING FL 33870

2. Principal Place of Business

13555 Automobile Blvd

Suite, Apt. #, etc.

Bldg 2, Ste 200

City & State

Clearwater FL

Zip

33762-3838

Country

USA

3. Mailing Address

13555 Automobile Blvd

Suite, Apt. #, etc.

Bldg 2 Suite 200

City & State

Clearwater FL

Zip

33762-3838

Country

USA

4. FEI Number

58-2614424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR-KARLSON, PAMELA
CLIFFORD R. RHOADES, P.A.
227 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE MGR ☐ Delete
NAME AL-AWA, AHMED S
STREET ADDRESS 24 CARLISLE MANSIONS, CARLISLE PLACE
CITY-ST-ZIP WESTMINSTER, LONDON SW1E 6PB

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/02