

2002 UNIFORM BUSINESS REPORT (UBR)

0474578 AV

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
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 <input type="checkbox"/> Delete
NAME	AL-AWA, AHMED S
STREET ADDRESS	24 CARLISLE MANSIONS, CARLISLE PLACE
CITY-ST-ZIP	WESTMINSTER, LONDON SW1E 6PB
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900005315459--8
CITY-ST-ZIP	-04/22/02--01123--010 ****650.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mary L Tully DATE: 4/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)