

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001435

1. Entity Name

Uranus Properties, LLC

Principal Place of Business

201 N. Clyde Morris Blvd.
Ste. 100
Daytona Beach, FL 32114

Mailing Address

201 N. Clyde Morris Blvd.
Ste. 100
Daytona Beach, FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3628517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Agnone, Louis M.
201 N. Clyde Morris Blvd.
Ste. 100
Daytona Beach, FL 32114

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004078946--7
-04/25/01--01124--013
*****50.00--*****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Agnone, Louis M.	
STREET ADDRESS	201 N. Clyde Morris Blvd. Ste. 100	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Stella, Gregory J.	
STREET ADDRESS	201 N. Clyde Morris Blvd, Ste. 100	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Moulis, Harry	
STREET ADDRESS	201 N. Clyde Morris Blvd, Ste. 100	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Goldberg, Paul B.	
STREET ADDRESS	201 N. Clyde Morris Blvd, Ste. 100	
CITY-ST-ZIP	Daytona Beach, FL 32114	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Louis M. Agnone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-11-01

CR2E083 (11/00)

01 APR 16 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

FILED

4/1/25