


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001611

DOCUMENT # L00000003833		
1. Entity Name JOHN FULTON BLOODSTOCK, LLC		

FILED

03 OCT -2 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 700 NAVARRE AVE. CORAL GABLES FL 33134	Mailing Address 700 NAVARRE AVE. CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc. P.O. Box 540909 City & State Lake Worth, Fla Zip 33454 Country Palm Beach	3. Mailing Address Suite, Apt. #, etc. P.O. Box 540909 City & State Lake Worth, Fla Zip 33454 Country Palm Beach
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4. FEI Number 62-1815077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FULTON, JOHN 700 NAVARRE AVE. CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULTON, JOHN 700 NAVARRE AVE. CORAL GABLES FL 33134 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023511102 10/02/03--01041--003 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: H. K. Meggala **SIGNATURE REQUIRED** Accountant 9/18/03 858-759-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)