## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L0000005994  1. Entity Name												
NEOTECH DEVELOPMENT COMPANY, LLC						FILED						
						01 FEB 27 PM 8: 14						
Principal Place of Business Mailing Address .							01 123 27	1 1.1	0 14			
5205 FAR OAK CIRCLE 5205 FAR OAK CIRCLE SARASOTA FL 34238 SARASOTA FL 34238							SEGRETARY	OFST	ATE			
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2. Principal Place of Business 3. Mailing Address .												
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		4	4. FEI Number Applied For Not Applied For Not Applied For									
Zip Country		Zip Coun		try					No. No. Add	t Applicable	┨	
	Country		25		5. Certificate of Status Desired Fee Requ							
6. N		Name		. Name	and Address of New Regis	tered Ag	jent	<del></del>	-			
GULLA, MICHAEL					Street Address (P.O. Box Number is Not Acceptable)							
5205 FAR OAK CIRCLE				Street A	daress (P.O	. BOX IN	umber is Not Acceptable)					
SARASOTA FL 34238						-						
				City		, ,	•	FL	Zip Code	9		
8. The above named	entity submits this statement f	or the purpose of changing its	register	ed office of	r registered	agent, c	or both, in the State of Florida				1	
CIONATURE M	charel Gul	la	\(\)	M	ull	$\sim$	all-	1	2-21-	-0/		
SIGNATURE Signature,	typed or printed name of registered agen	t and title if applicable. (NOTI	E: Registere	ed Agent signat	ure required whe	n remetation	19)	DATE		<u> </u>	1	
• •		FILE NO	OW!!!	FEE IS \$	50.00					,		
		Make Check Pa	yable t	o Depart	ment of S	tate	•				1	
9.	MANAGING MEME	BERS/MEMBERS	10.		Min	- <u> </u>	A M. ADDITIONS/CHA	ANGES	<del></del>		┤`	
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NAME			NAM OTO	-								
STREET ADDRESS CITY-ST-ZIP		•		EET ADDRESS (-ST-ZIP								
11. I hereby certify the indicated on this r	eport is true and accurate and	th this filing does not qualify fo d that my signature shall have	the sam	e legal effe	ct as if mad	le under	oath; that I am a managing	her certif member	y that the ir or manage	nformation or of the	1	
ilmited liability cor	ripany or the receiver or truste	ee empowered to execute this	report a	s required i	оу слартег і	oud, F10	,					
SIGNATURE			1631631	<b>(</b>	المالية المالية	•	~ 2-21-	0)				
SIGNAT	URE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING NEMBER, MA	NAGER, OF	AUTHORIZED	REPRESENTA	TIVE	Date	Day	rtime Phone #		1	