

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90059 042 *****55.00

DOCUMENT # L000000006450

1. Entity Name

CERULLO ENTERPRISES, L.L.C.

Principal Place of Business

400 E. CHASE STREET
PENSACOLA FL 32501

Mailing Address

400 E. CHASE STREET
PENSACOLA FL 32501

2. Principal Place of Business

400 E. CHASE ST.
Suite, Apt. #, etc.

3. Mailing Address

400 E. CHASE ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL.

City & State

PENSACOLA, FL.

4. FEI Number

72-1425614

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERULLO, THOMAS C
C/O COPELAND'S OF NEW ORLEANS
400 E. CHASE ST.
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
THOMAS CERULLO C/O COPELAND'S OF N.O.
Street Address (P.O. Box Number is Not Acceptable)
400 E. CHASE ST.
City PENSACOLA FL Zip Code 32501

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

MARGARET SACKETT

Margaret Sackett

1-14-02

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CERULLO, THOMAS
400 E. CHASE STREET
PENSACOLA FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 606, Florida Statutes.

SIGNATURE:

Margaret Sackett

REQUIRED

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

Date

Daytime Phone #

850-
1-14-02 471-1334

CR2E083 (9/01)