

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008988

1. Entity Name

G&B LIMITED, LLC

FILED

01 MAR 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

39 SABAL DR.
PUNTA GORDA FL 33950

Mailing Address

39 SABAL DR.
PUNTA GORDA FL 33950

2. Principal Place of Business

130 BREAKERS CT

Suite, Apt. #, etc.

141

City & State

PUNTA GORDA FL

Zip

33950

Country

3. Mailing Address

130 BREAKERS CT

Suite, Apt. #, etc.

141

City & State

PUNTA GORDA FL

Zip

33950

Country

4. FEI Number

57-1076022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BULLER, BETTY J

39 SABAL DR. 130 BREAKERS CT #141
PUNTA GORDA FL 33950

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME BULLER, BETTY J
STREET ADDRESS 39 SABAL DR.
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700003995177--0
-04/12/01--01073--024

*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Betty Buller*

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

3/19/01

Date

941-833-0064

Daytime Phone #

CR2E083 (11/00)