

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012766

1. Entity Name

PULLEY PROPERTIES, L.L.C.

Principal Place of Business

4635 S. DEL PRADO BLVD.  
CAPE CORAL FL

Mailing Address

P.O. BOX 100088  
CAPE CORAL FL 33910-0888

2. Principal Place of Business

1057 ROSE GARDEN RD

3. Mailing Address

1057 ROSE GARDEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33914

Country

USA

Zip

FL

Country

USA

4. FEI Number

65-1048938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GENNARO, MICHAEL A  
4635 S. DEL PRADO BLVD.  
CAPE CORAL FL

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.

DANNY L. PULLEY

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300004287883--2  
-05/22/01--01038--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  
MGR  
LEN PULLEY, DANNY  
STREET ADDRESS  
161 THIRD ST.  
CITY-ST-ZIP  
BATON ROUGE LA 70801

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

2/19/01 941.549.4910

FILED

01 MAY -1 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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