

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016339

1. Entity Name

545 PROPERTIES, LLC

Principal Place of Business

Mailing Address

200 S. ORANGE AVE
SUITE 2300.
ORLANDO FL. 32801

200 S. ORANGE AVE
SUITE 2300.
ORLANDO FL. 32801

2. Principal Place of Business

3. Mailing Address

3038 MICHIGAN AVE

3038 MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE FL.

KISSIMMEE FL.

Zip

Country

Zip

Country

34744 USA

34744 USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABC CO.
200 S. ORANGE AVE
SUITE 2300.
ORLANDO FL. 32801

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
PAUL OXLEY
3038 MICHIGAN AVE
KISSIMMEE FL. 34744 ☐ Delete

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

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☐ 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

Feb 28, 01

Date

407 518 7433

Daytime Phone #

CR2E083 (11/00)