

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90020 035 *****50.00

DOCUMENT # L01000005966

1. Entity Name

CULLENS ENTERPRISES, LLC

Principal Place of Business

**237 LANSING ISLAND DRIVE
 INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**237 LANSING ISLAND DRIVE
 INDIAN HARBOUR BEACH FL 32937**

2. Principal Place of Business

1825 VIA CONTESSA

3. Mailing Address

1825 VIA CONTESSA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULLENS, VAN
 237 LANSING ISLAND DRIVE
 INDIAN HARBOUR BEACH FL 32937**

Name

Street Address (P.O. Box Number is Not Acceptable)

1825 VIA CONTESSA

City

WINTER PARK

FL

Zip Code
32789

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
**MGRM
 VAN CULLENS
 1825 VIA CONTESSA
 WINTER PARK, FL 32789**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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]

3-29-02

630-235-4065

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

Date

Daytime Phone #

CR2E083 (9/01)