2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am [§] Secretary of State DOCUMENT # L01000010846 02-26-2002 90005 042 ****50.00 OSCAR BULLARD GENERAL CONTRACTOR, L.L.C. Principal Place of Business Mailing Address 363 WATER LEAF COURT 363 WATER LEAF COURT MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State (4) FEI Number Applied For *6*5- 1137897 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODWARD, CRAIG R Street Address (P.O. Box Number is Not Acceptable) 6060 BALD EAGLE DR., STE 500 MARCO ISLAND FL 34145 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 MGR TITLE CR2E083 (9/01) □ Delete TITLE Addition BULLARD, OSCAR NAME STREET ADDRESS 363 WATER LEAF COURT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change Addition BULLARD, LINDA L MANAF STREET ADDRESS 363 WATER LEAF COURT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ 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.

NAME

STREET ADDRESS

MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

10 tebor 941.642.6994

FILED