

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/21

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90207 045 \*\*\*\*50.00

**DOCUMENT # L01000014473**

1. Entity Name

**PINEAPPLE PROPERTIES, L.L.C.**

Principal Place of Business

**358 WEST COMSTOCK AVENUE  
WINTER PARK FL 32789**

Mailing Address

**P.O. BOX 471  
WINTER PARK FL 32790**

2. Principal Place of Business

3. Mailing Address

**PO Box 33275**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**INDIANIA FL**

4. FEI Number

**59-3739734**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32903**

**FLORIDA**

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

**MONTGOMERY, MICHAEL S  
358 W. COMSTOCK AVENUE  
WINTER PARK FL 32789**

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 re-issuing)

DATE

**4.21.02**

**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	<b>MGRM MONTGOMERY, MICHAEL S 358 W COMSTOCK AVENUE WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**407  
4.21.02 947.4484**

CR2E083 (9/01)