

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO100007207**

1. Entity Name

FULCRUM DEVELOPMENT GROUP, LLC

Principal Place of Business

**2296 COFFEE POT BOULEVARD NE
ST. PETERSBURG FL 33704**

Mailing Address

**2296 COFFEE POT BOULEVARD NE
ST. PETERSBURG FL 33704**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1/14 2002 DO NOT WRITE IN THIS SPACE

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

**RIEF, FRANK J III ESQ
442 W. KENNEDY BLVD., STE. 340
TAMPA FL 33606**

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.

(NOTE: Registered Agent signature required when reinstating)

1/8/03
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TIPPS, THOMAS R**
STREET ADDRESS **2296 COFFEE POT BOULEVARD NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **300009632873**
12/23/02--01038--001 **150.00

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

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

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

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

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

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 REQUIRED

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

12/14/02 727-644-0341

CR2E083 (9/01)