

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90026 033 \*\*\*\*50.00

**DOCUMENT # L01000019363**

1. Entity Name

**RUPPEL PAINTING, LLC**



Principal Place of Business

**4468 WINNERS CIRCLE  
APT. #2221  
SARASOTA FL 34238**

Mailing Address

**5900 S. TAMiami TRAIL  
SUITE I  
SARASOTA FL 34231**

2. Principal Place of Business

**3916 MARLBOROUGH PLACE**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

Zip

**34241**

Country

**USA**

Zip

**34231**

Country

**USA**

4. FEI Number **65-1150671**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ASTRONSKAS, CATHERINE L  
5900 S. TAMiami TRAIL  
SUITE I  
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **CATHERINE L. TRACY**  
Street Address (P.O. Box Number is Not Acceptable)  
**5900 S. TAMiami TRAIL  
#1**  
City **SARASOTA** FL **34231**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Catherine L. Tracy**

**2-11-03**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUPPEL, TIMOTHY SCOT 4468 WINNERS CIRCLE, #2221 SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUPPEL, JAMES MICHAEL 4468 WINNERS CIRCLE, #2221 SARASOTA FL 34238</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUPPEL, TIMOTHY SCOT 3916 MARLBOROUGH PLACE SARASOTA, FL 34241</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUPPEL, JAMES M. 4013 MIA VIA MIRADA SARASOTA, FL 34238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

**3/7/03**

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

Date

Daytime Phone #

CR2E083 (10/02)