S02277900523

10/2/2002-90117-008-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019608

1. Entity Name
SCULLY BROTHERS, LLC

FILED
02 OCT 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
123 FORRESTER PLACE
PALM COAST FL 32137

Mailing Address
123 FORRESTER PLACE
PALM COAST FL 32137

2. Principal Place of Business
132 PALMCOAST PKWY NE
Suite, Apt. #, etc.
City & State: PALM COAST FL
Zip: 32137
Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 59-3760797 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NOWELL, SIDNEY M
4B OLD KINGS ROAD NORTH
PALM COAST FL 32137

7. Name and Address of New Registered Agent
Name: JOHN P. SCULLY
Street Address (P.O. Box Number is Not Acceptable): 132 PALM COAST PKWY NE
City: PALM COAST FL Zip Code: 32137

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 9/25/02

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	MGRM SCULLY, JOHN 123 FORRESTER PLACE PALM COAST FL 32137 ☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 9/25/02 Daytime Phone #: 386.445.3889

CR2E083 (4/02)