

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90014 020 ****50.00

DOCUMENT # L02000013633

1. Entity Name

PAULI SYSTEMS, LC



Principal Place of Business

**5801 PELICAN BAY BLVD., SUITE 300
C/O PORTER, WRIGHT, MORRIS & ARTHUR
NAPLES FL 34108**

Mailing Address

**5801 PELICAN BAY BLVD., SUITE 300
C/O PORTER, WRIGHT, MORRIS & ARTHUR
NAPLES FL 34108**

2. Principal Place of Business

3645 Recreation Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL 34

City & State

Zip
34116

Country
U.S.A.

Zip

Country

4. FEI Number

03-0457214

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

**WILSON, GARY
5801 PELICAN BAY BLVD., SUITE 300
C/O PORTER, WRIGHT, MORRIS & ARTHUR
NAPLES FL 34108**

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. 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

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
**MANAGING MEMBER ☐ Delete
PAULI-HAACK, BIRGIT
3315 BERMUDA ISLES CIRCLE, #135
NAPLES, FL 34109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER ☒ Change ☐ Addition
PAULI-HAACK, BIRGIT
3645 RECREATION LANE
NAPLES, FL 34116**

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ 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

03/26/03

Date

239-354-1327

Daytime Phone #

CR2E083 (10/02)