

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90085 035 \*\*\*\*50.00

**DOCUMENT # L02000019602**

1. Entity Name  
**FLIPPO PROPERTIES LLC**



Principal Place of Business  
**5764 DOGWOOD ROAD  
PORT ORANGE FL 32127**

Mailing Address  
**5764 DOGWOOD ROAD  
PORT ORANGE FL 32127**

2. Principal Place of Business  
**Ralph N. Flippo**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**5764 Dogwood Rd.**

Suite, Apt. #, etc.

City & State  
**PORT ORANGE, FL.**

City & State

Zip  
**32127**

Country  
**USA**

Zip

Country

4. FEI Number  
**72-1556149**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLIPPO, RALPH N  
5764 DOGWOOD ROAD  
PORT ORANGE FL 32127**

**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  
**MGRM  
FLIPPO, RALPH N  
5764 DOGWOOD ROAD  
PORT ORANGE FL 32127** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FLIPPO, RALPH N  
5764 DOGWOOD ROAD  
PORT ORANGE FL 32127** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
\_\_\_\_\_ ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
\_\_\_\_\_ ☐ Delete

**10. ADDITIONS/CHANGES**

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

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

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TITLE  
NAME  
STREET ADDRESS  
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: **Ralph N. Flippo**

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

**2-20-2003 (386) 322-4930**

Date

Daytime Phone #

CR2E083 (10/02)