

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000246**

1. Entity Name

MSD FAMILY LIMITED COMPANY

FILED

01 JAN 18 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1222 DONNA DRIVE
FORT MYERS FL 33919**

Mailing Address

**1222 DONNA DRIVE
FORT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0653098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PULS, JAMES M
11122 VILLAS ON THE GREEN
RIVERVIEW FL 33569**

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)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
**MGRM
PULS, HARRIET E. R
1605 CLOISTER DRIVE
SUN CITY CENTER FL 33573**

TITLE NAME ☐ Delete
**MGRM
PULS, JAMES M
11122 VILLAS ON THE GREEN
RIVERVIEW FL 33569**

TITLE NAME ☐ Delete
**MGRM
PULS, ROBERT R
11122 VILLAS ON THE GREEN
RIVERVIEW FL 33569**

TITLE NAME ☐ Delete
**MGRM
PULS, JOHN L JR.
11122 VILLAS ON THE GREEN
RIVERVIEW FL 33569**

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
**100003576301--9
-01/26/01--01042--023
*****50.00 *****50.00**
☐ 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: *James M Puls*

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/18/01 813-875-8662

CR2E083 (11/00)