FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am DOCUMENT # L9600000246 **Secretary of State** 1. Entity Name 01-28-2002 90006 048 \*\*\*\*50.00 MSD FAMILY LIMITED COMPANY Principal Place of Business Mailing Address 1222 DONNA DRIVE 1222 DONNA DRIVE FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0653098 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PULS, JAMES M 9211 Groud Pula Street Address (P.O. Box Number is Not Acceptable) 11122 VILLAS ON THE GREEN RIVERVIEW FL 33569 (ount 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE Delete Change ☐ Addition PULS, HARRIET E. R NAME NAME STREET ADDRESS 1605 CLOISTER DRIVE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 CITY-ST-ZIP Change **MGRM** ☐ Addition ☐ Delete TITLE TITLE PULS, JAMES M NAME NAME STREET ADDRESS 11122 VILLAS ON THE GREEN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 MGRM: ----☐ Addition Delete TITLE PULS, ROBERT R NAME NAME STREET ADDRESS STREET ADDRESS 11122 VILLAS ON THE GREEN CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 wen MGRM ☐ Addition TITLE ☐ Delete TITLE PULS, JOHN L JR. NAME STREET ADDRESS STREET ADDRESS 11122 VILLAS ON THE GREEN CITY-ST-ZIP CITY-ST-7IP **RIVERVIEW FL 33569** ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.