

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90018 045 \*\*\*\*50.00

**DOCUMENT # L99000005437**

1. Entity Name

**GULA INSURANCE AGENCY, L.L.C.**



Principal Place of Business

**10872 S US 1  
STE C  
PORT SAINT LUCIE FL 34952**

Mailing Address

**10872 S US 1  
STE C  
PORT SAINT LUCIE FL 34952**

2. Principal Place of Business

**10874 South US 1**

3. Mailing Address

**10874 S. US 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Port St Lucie FL**

City & State

**Port St Lucie FL**

Zip

Country

**USA**

Zip

Country

**USA**

6. Name and Address of Current Registered Agent

**KOHL, N. DEAN JR.  
50 SE KINDRED ST., SUITE 107  
STUART FL 34994**

7. Name and Address of New Registered Agent

Name **Adam Gula**  
Street Address (P.O. Box Number is Not Acceptable)  
**10874 South US 1**

City **Port St Lucie**

FL

Zip Code **34952**

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

*Adam Gula*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/14/02**

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 **MGRM**  
NAME **GULA, RUSSELL J** ☒ Delete  
STREET ADDRESS **8402 SE COUNTRY ESTATES WAY**  
CITY-ST-ZIP **JUPITER FL**

TITLE **MGRM**  
NAME **GULA, GAIL A** ☐ Delete  
STREET ADDRESS **8402 SE COUNTRY ESTATES WAY**  
CITY-ST-ZIP **JUPITER FL**

TITLE **MGRM**  
NAME **GULA, ADAM C** ☐ Delete  
STREET ADDRESS **3780 SE GATEHOUSE CIRCLE**  
CITY-ST-ZIP **STUART FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Gail Gula**  
STREET ADDRESS **10874 South US 1**  
CITY-ST-ZIP **Port St Lucie FL 34952**

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

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

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

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

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: Adam Gula**

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

**2/14/03**

Date

**772-346-2221**

Daytime Phone #

CR2E083 (10/02)