

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0-7233

**DOCUMENT # L01000007911**

1. Entity Name

**J.B.'S APPLIANCE REPAIR & SERVICE, LLC**

04-02-2002 90965 046 \*\*\*\*55.00

Principal Place of Business

Mailing Address

P.O. BOX 1579  
 335 NE COMMERCIAL CIR  
 KEYSTONE HEIGHTS FL 32656-1579

P.O. BOX 1579  
 335 NE COMMERCIAL CIR  
 KEYSTONE HEIGHTS FL 32656-1579

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

**59-3709993**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, J.B.**  
**4333 SE 1ST AVE**  
**KEYSTONE HEIGHTS FL 32656**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

**PVTD**  
**MILLER, J.B.**  
**4333 SE 1ST AVE**  
**KEYSTONE HEIGHTS, FL 32656**

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 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
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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:

**J.B. MILLER**

**03-26-02**

**352-473-4545**

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

Date

Daytime Phone #

CR2E083 (9/01)