

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000522**

1. Entity Name

**A J Honore, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 10 PM 3:33

Principal Place of Business

Mailing Address

2. Principal Place of Business

**1001 3rd Av, W., Suite 470**

3. Mailing Address

**P. O. Box 111**

Suite, Apt. #, etc.

**BRADENTON, FL**

Suite, Apt. #, etc.

City & State

**BRADENTON, FL**

4. FEI Number

**65-0896462**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

**34205**

Country

**FLORIDA**

Zip

**34206**

Country

**FLORIDA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**Black Sanders Walters & Copler PA  
802 11th Street W.  
BRADENTON, FL 34205**

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          | <b>MEMBER/MGRM</b>        | <input type="checkbox"/> Delete |
| NAME           | <b>John McKay</b>         |                                 |
| STREET ADDRESS | <b>P.O. Box 111</b>       |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL 34206</b> |                                 |
| TITLE          | <b>STAN STEPHENS</b>      | <input type="checkbox"/> Delete |
| NAME           | <b>MEMBER</b>             |                                 |
| STREET ADDRESS | <b>P.O.</b>               |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          | <b>MEMBER/MGRM</b>        | <input type="checkbox"/> Delete |
| NAME           | <b>STAN STEPHENS</b>      |                                 |
| STREET ADDRESS | <b>P.O. Box 111</b>       |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL 34206</b> |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

10. ADDITIONS/CHANGES

|                |                        |   |
|----------------|------------------------|---|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |   |
| STREET ADDRESS |                        |   |
| CITY-ST-ZIP    | <b>100003249631--6</b> |   |
| TITLE          | <b>-05/12/00--0101</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>*****50.00</b>      | <b>*****50.00</b>   |
| STREET ADDRESS |                        |   |
| CITY-ST-ZIP    |                        |   |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |   |
| STREET ADDRESS |                        |   |
| CITY-ST-ZIP    |                        |   |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |   |
| STREET ADDRESS |                        |   |
| CITY-ST-ZIP    |                        |   |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*[Handwritten Signature]*

**5/21/00**

Date

**941.747.2777**

Daytime Phone #

CR2E083 (1/1999)