

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000757

1. Entity Name

JOHNNY TIPPETTE ENTERPRISES, L.L.C.

FILED

01 NOV -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

RT. 2 BOX 1009
MADISON FL 32340

RT. 2 BOX 1009
MADISON FL 32340

2. Principal Place of Business

3. Mailing Address

1169
Suite, Apt. #, etc.
NE Gladioli Dr.
City & State
LEE FL.

1169
Suite, Apt. #, etc.
NE Gladioli Dr.
City & State
LEE FL.

4. FEI Number

59-367804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIPPETTE, JOHNNY
RT. 2 BOX 1009
MADISON FL 32340

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 September 26, 2001

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-11/16/01--01051--019

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Johnny T. Pette
1169 NE Gladioli Dr Lee FL
32059

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: JOHNNY TIPPETTE

MANAGING MEMBER

9-21-01

971-5485

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

Date

Daytime Phone #

CR2E083 (5/01)

0001496

STAPLE CHECK HERE