

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000956

1. Entity Name

J J & B LAWN CARE, L.L.C.

FILED

01 OCT 11 PM 12:17

Principal Place of Business

2100 N.E. 14TH PLACE  
CAPE CORAL FL 33909

Mailing Address

2100 N.E. 14TH PLACE  
CAPE CORAL FL 33909

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

105 0495793

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

PRICE, JON P

2100 N.E. 14TH PLACE  
CAPE CORAL FL 33909

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.

N/A SIGNATURE ~~Brittany S Price~~ ~~Brittany S Price~~ 9/18/01  
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

300004638163--5  
-10/16/01--01030--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Delete  
NAME JON P. PRICE  
STREET ADDRESS 2100 NE 14TH PL  
CITY-ST-ZIP CAPE CORAL, FL 33909

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

TITLE SECRETARY/TREASURER ☐ Delete  
NAME BRITTANY S. PRICE  
STREET ADDRESS 2100 NE 14TH PL  
CITY-ST-ZIP CAPE CORAL, FL 33909

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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: ~~Brittany S Price~~ ~~Brittany S Price~~ 9/18/01 941-573-9153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)