2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001109						FILED			
JUST MAID FOR YOU, LLC						01 APR 30 PM 4: 57			
				. 4		•			
Principal Plac	e of Business	Mailing Address	Mailing Address			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
3339 OTTAWA CIRCLE, UNIT 4 3339 OTTAWA CIRCLE, L FORT MYERS FL 33907 FORT MYERS FL 33907			NT 4	,		MESHING.	OCEST COME	, A	
							ANG BENN ERING NEED AND	11 88 118 15 11 1 8 1 1	
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			I	4. FEI Number Applied For Not Applicable			
, Zip Country		Zip Countr		у			\$5.00 Ac		
	6. Name and Address of Curren	t Registered Agent			7. Na	me and Address of New Regis		BU .	
				Name					
Murawski, lani k 3339 ottawa circle, unit 4				Street A	eet Address (P.O. Box Number is Not Acceptable)				
FORT MYERS FL 33907									
				City		,	FL Zip Coo	de	
8. The above	named entity submits this statement f	or the purpose of changing its	egistered	office or	registered agent	t, or both, in the State of Florida	:	•	
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	Registered A	gent signat	ure required when reins	tating)	DATE		
			\$ P						
	• • •	Make Check Pa	•	E I	50.00				
) 	1					
9.	MANAGING MEME		10.		HANAGE	ADDITIONS/CHA	ANGES Change	Addition 8	
NAME		☐ Delete	NAME	į	LANIK.	YURAUSKI AWD CALLE UNT.	_/	CR2E083 (11/00)	
STREET ADDRESS							4	833	
CITY-ST-ZIP			CITY-S	T-ZIP	HANACE	35,7/233907	☐ Change	D'Addition III	
TIT'_E NAME		Delete	TITLE		(7)	/m / /m / / 0 / /m		Addition 5	
STREET ADDRESS				ADDRESS	5344-1	+6 SUMMERLIN NYERS, FL. 33	IKD		
CITY-ST-ZIP			CITY-S	T-ZIP	FORTI	NYERS, FL. 33	919		
TITLE	-	Delete	TITLE	<i>:</i>		1000043	☐ Change	Addition 1	
NAME STREET ADDRESS			NAME STREET	ADDRESS		1000042 -0\$/16/	ōĪÒĤ32-	008	
CITY-ST-ZIP			CITY-S	T-ZIP		*****	<u>0.00 ***</u>	* 50.00	
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME	ADDRESS				} .	
CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	address 1 1-zip		•			
TITLE			TITLE				☐ Change	Addition	
NAME		← Delete	NAME		1				
STREET ADDRESS			•	ADDRESS				1	
CITY-ST-ZIP			CITY-S						
11. I hereby c indicated	ertify that the information supplied wit on this report is true and accurate and	In this filling does not qualify for the that my signature shall have the	the exem ne same l	ption stat egal effe	ted in Section 119 ct as if made und	9.07(3)(i), Florida Statutes. I furt ler oath; that I am a managing i	her certify that the i member or manage	er of the	