## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2002 8:00 am DOCUMENT # L0000003041 **Secretary of State** 03-13-2002 90016 027 \*\*\*\*50.00 JUPITER INVESTMENT GROUP L.L.C. Principal Place of Business Mailing Address 9429 SILVERTHORNE DR 9429 SILVERTHORNE DR R0042086 LAKE PARK FL 33403 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0980383 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLUE, DESIREE** Street Address (P.O. Box Number is Not Acceptable) 9429 SILVERTHORNE DRIVE LAKE PARK FL 33403 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. (9/01) Addition XXXXDelete Change TITLE TITLE President NAME NAMÉ ENTEEN, SHELLIE Jean Seล์สิโลก็ CR2E083 STREET ADDRESS STREET ADDRESS 1850 HOMEWOOD BLVD 8082 Rosemarie Circle CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** Boynton Beach, F1 3343 Change ☐ Delete TITLE TITLE NAME WEIGNER, LINDA NAME STREET ADDRESS STREET ADDRESS 19318 PINETREE DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 XXXDelete Change Addition TITLE Secretary NAME NAME SEAMAN, JEAN Kelly Jo Monaghan STREET ADDRESS STREET ADDRESS 8082 ROSEMARIE CIRCLE 2785 Richard Road CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** <del>Lake Park, Fl 33403</del> TITLE [ Change ☐ Addition ☐ Delete TITLE NAME NAME BLUE, DESIREE STREET ADDRESS STREET ADDRESS 9429 SILVERTHORNE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the land 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE REQUE Entree Blue 561-622-5057 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-1-2002 Daytime Phone #

FILED