

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003411

1. Entity Name
J & S ENTERPRISE, L.C.

FILED

01 APR 30 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
GERMAN COMMERCIAL CENTER
12741 WORLD PLAZA LANE, BLDG 84, STE 3
FORT MYERS FL 33907

Mailing Address
GERMAN COMMERCIAL CENTER
12741 WORLD PLAZA LANE, BLDG 84, STE 3
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995019

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

BARTEL, VIOLA
5109 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004221293--3
-05/16/01--01135--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HAHN, JUERGEN
HOFFMANNSTR, 112
D-71229 LEONBERG ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DENISE R. WOMER
181 ANCHORAGE ST.
Fort Myers Beach, FL 33931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIETRICH, SVEA
HOFFMANNSTR, 112
D-71229 LEONBERG ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HAHN, SVEA
Hoffmannstr. 112
D-71229 Leonberg ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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

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:

SVEA HAHN

04-23-01

941-540-0713

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

Date

Daytime Phone #

CR2E083 (11/00)