

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000004548

FILED  
Apr 09, 2002 8:00 AM  
Secretary of State

Entity Name: ABBIE JOAN ENTERPRISES, LLC

## Current Principal Place of Business:

1072 GOODLETTE RD  
NAPLES, FL 34102

## New Principal Place of Business:

4100 CORPORATE SQUARE  
133  
NAPLES, FL 34104

## Current Mailing Address:

1072 GOODLETTE RD  
NAPLES, FL 34102

## New Mailing Address:

4100 CORPORATE SQUARE  
133  
NAPLES, FL 34104

FEI Number: 59-3637366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLADICK, ABBIE J.W.  
1906 FAIRFAX CIRCLE  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

SLADICK, ABBIE J  
14793 FRIPP ISLAND CT.  
NAPLES, FL 34119 US

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: ABBIE J.W. SLADICK

04/09/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SLADICK, ABBIE J.W.  
Address: 1906 FAIRFAX CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: LENAHA, ROBERT C  
Address: 3505 GUILFORD RD  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT C. LENAHA

MGRM

04/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date