

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-25-2002 90182 012 ****50.00

DOCUMENT # L00000006560

1. Entity Name

D'JAMOOS/JERULLE CONSTRUCTION COMPANY, L.L.C.

Principal Place of Business

**9150 GALLERIA CT., SUITE 100
 NAPLES FL 34109**

Mailing Address

**9150 GALLERIA CT., SUITE 100
 NAPLES FL 34109**

23922

2. Principal Place of Business

**9130 Corsea del Fontana
 Suite, Apt. #, etc. Way**

3. Mailing Address

**9130 Corsea del Fontana Way
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

65-1020132

Applied For

Not Applicable

Zip

34109

Country

U.S.

Zip

34109

Country

U.S.

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**D'JAMOOS, JOSEPH
 9130 GALLERIA CT., #100
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name: **Joseph E. D'Jamoos**
 Street Address (P.O. Box Number is Not Acceptable):
9130 Corsea del Fontana Way
 City: **Naples, FL** Zip Code: **34109**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: **P** ☐ Delete
 NAME: **JERULLE, TERENCE**
 STREET ADDRESS: **119 TORREY PINES POINT**
 CITY-ST-ZIP: **NAPLES FL 34113**

TITLE: **CEO** ☐ Delete
 NAME: **D'JAMOOS, JOSEPH E**
 STREET ADDRESS: **325 SEDGWICK CT**
 CITY-ST-ZIP: **NAPLES FL 34108**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: **MANAGER** ☒ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MANAGING MEMBER** ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS: **9130 Corsea del Fontana Way**
 CITY-ST-ZIP: **Naples, Florida 34109**

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

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

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

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:

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

3/12/02

Date

Daytime Phone #

CR2E083 (9/01)