

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90015 027 ****50.00

DOCUMENT # L00000007350

1. Entity Name
J.L.H. ASSOCIATES, L.L.C.

Principal Place of Business
15500 BURNT STORE RD.. #103
PUNTA GORDA FL 33955

Mailing Address
15500 BURNT STORE RD.. #103
PUNTA GORDA FL 33955

946674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3020 Matecumbe Key Rd.

Suite, Apt. #, etc.
Apt. 602

City & State
Punta Gorda, FL

Zip
33955

Country
USA

3. Mailing Address
3020 Matecumbe Key Rd.

Suite, Apt. #, etc.
Apt. 602

City & State
Punta Gorda, FL

Zip
33955

Country
USA

4. FEI Number **APPLIED FOR**
65-1022836

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOYLE, CHARLES T
2315 AARON STREET
PORT CHARLOTTE FL 33949

7. Name and Address of New Registered Agent

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  **4/14/02**

(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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
HILL, DAVID B
3020-602 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
HILL, JACQUELYN L
3020-602 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955 ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:  REQUIRED

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

4/14/02

Date

741-525-4882

Daytime Phone #

CR2E083 (9/01)