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2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)								RUVEA. IND			Š
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1. Entity Name RRR JES, LLC	•					01	APR 26	5 AM 10	28		ç
Tuin Tuin					:	SE	CRETAR	RY OF S	TATE		
Principal Place of Business 1111 ERB AVE. WEST. SUITE 110 BRADENTON FL 34205 Mailing Poddress 1111 ERB AVE. WEST. SUITE BRADENTON FL 34205			UITE 110			TAL	LAHAS	SEE, FL	ORIUA		
2. Principal Place of Business	3. N	Mailing Address				1 1861121 B11 66111	DEIN BEN 901	II DB EH BB HI D I	 	#1101 gttt 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS				SPACE	
City & State	C	City & State			4. FEI N		-36575	10 '	:	pplied For ot Applicable	
Zip Cour	ntry Z	Zip	Coun	itry	5. Certi	ificate of Statu			\$5.00 Add	ditional	
6. Name and Ad	dress of Current Regist	ered Agent	J		7. Nam	e and Addres	s of New R	egistered A	gent		
BLALOCK, LANDERS, WALT	FRS & VAGIER PA			Name		٠.			1 .		
802 11TH ST., WEST	LIO & FOOLLI, I .A.			Street Addre	ess (P.O. Box N	Number is Not	Acceptable)		ļ	
BRADENTON FL 34205	•	-									
									1	ie	
				City				FL	Zip Cod	· ·	
8. The above named entity submi	s this statement for the p	urpose of changing its	registere	<u> </u>	istered agent,	or both, in the	State of Flo		Zip Cod		
	s this statement for the pu	urpose of changing its	registere	<u> </u>	istered agent,	or both, in the	State of Flo		Zip Cod		
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SIGNATURE		applicable. (NOT	E: Registere	ed office or regi	quired when reinstat		State of Flo	rida.	Zip Coo		
SIGNATURE		applicable. (NOT	E: Registered	ed office or region of Agent signature rec	quired when reinstat		State of Flo	rida.	Zip Cod		
SIGNATURE Signature, typed or printed		applicable. (NOT FILE N Make Check Pa	E: Registered	ed office or region of Agent signature rec	quired when reinstat	ling)	State of Flo	rida. DATE	Zip Cod		
SIGNATURE Signature, typed or printed 9. N TITLE MEMBER	name of registered agent and title if	applicable. (NOT FILE N Make Check Pa	OW!!! ayable to	ed office or region of Agent signature rec	quired when reinstat	ing) - A	DDITIONS/	rida. DATE CHANGES	Change	Addition	11/00)
SIGNATURE Signature, typed or printed 9. NATITLE MEMBER	name of registered agent and title if	FILE N Make Check Pa EMBERS Delete	OW!!! I ayable to	ed office or region of Agent signature rec	quired when reinstat	500(rida. DATE CHANGES	Change	Addition	3 (11
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