

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011030

1. Entity Name

S & J DEVELOPMENT COMPANY, L.L.C.

Principal Place of Business

7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
TAMPA FL 33607

Mailing Address

7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
TAMPA FL 33607

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

59-3667709

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

JOHNSON, LEONARD H
37837 MERIDIAN AVENUE, SUITE 314
DADE CITY FL FL335-25

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

1000004368361--3
--06/06/01--01098--005
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME KRUSEN, WILLIAM A
STREET ADDRESS 7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
CITY-ST-ZIP TAMPA FL 33607

TITLE MGR ☐ Delete
NAME KRUSEN, W. ANDREW JR.
STREET ADDRESS 7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
CITY-ST-ZIP TAMPA FL 33607

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 ☐ 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

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:

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

Date

Daytime Phone #

W. Andrew Krusen Jr. 4-27-01 813-837-3009

FILED

01 MAY -7 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE