

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012204

1. Entity Name

JO JO'S, LC

FILED

01 APR 23 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6100 ESTERO BLVD.
C/O RICHARD T. COTTER, P.A.
FORT MYERS BEACH FL 33931

Mailing Address

6100 ESTERO BLVD.
C/O RICHARD T. COTTER, P.A.
FORT MYERS BEACH FL 33931



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COTTER, RICHARD T
6100 ESTERO BLVD.
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name

JOANNE MUFALLI

Street Address (P.O. Box Number is Not Acceptable)

11050 Summerlin Square Drive
Fort Myers Beach FL 33931

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

4/1/2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MUFALLI, JAMES "SKIP"
6100 ESTERO BLVD.
FORT MYERS BEACH FL 33931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004137245--4
-05/04/01--01097--010
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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
MGR
MUFALLI, JOANNE
6100 ESTERO BLVD.
FORT MYERS BEACH FL 33931

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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

4/1/2001

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

Date

Daytime Phone #

CR2E083 (11/00)