

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90162 050 \*\*\*\*50.00

**DOCUMENT # L00000012204**

1. Entity Name

**JO JO'S, LC**

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**

**B0049473**

2. Principal Place of Business

**11050 Summerlin Square Dr. 11050 Summerlin Sq Dr.**

3. Mailing Address

**11050 Summerlin Sq Dr.**



DO NOT WRITE IN THIS SPACE

City & State

**Fort Myers Beach FL**

City & State

**FMB FL**

4. FEI Number

**65-1048307**

Applied For  
 Not Applicable

Zip

**33931**

Country

**LEE**

Zip

**33931**

Country

**LEE**

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

**MUFALLI, JOANNE  
 11050 SUMMERLIN SQUARE DRIVE  
 FORT MYERS BEACH FL 33931**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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  
**MGR  
 James Skip Mufalli  
 11050 Summerlin Square Dr.  
 Fort Myers Beach FL 33931** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 MUFALLI, JOANNE  
 6100 ESTERO BLVD.  
 FORT MYERS BEACH FL 33931** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 JOANNE MUFALLI  
 11050 Summerlin Square Dr.  
 Fort Myers Beach FL 33931** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE REQUIRED**

**3/15/2002**

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

Date

Daytime Phone #

CR2E083 (9/01)