

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012308

1. Entity Name*

J & S REAL ESTATE DEVELOPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 14 PM 3:50



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1864 SILVER FERN DRIVE
DAYTONA BEACH FL 32124

1864 SILVER FERN DRIVE
DAYTONA BEACH FL 32124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

SUNNER, KIMBERLY N
301 E. PINE STREET, SUITE 1400
ORLANDO FL 32801

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 September 26, 2001

600004734236--9

-12/20/01--01044--006

*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MAN** Member ☐ Delete
NAME Joseph Somers
STREET ADDRESS 1864 Silver Fern Dr.
CITY-ST-ZIP Daytona Beach, FL 32124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MAN** Member ☐ Delete
NAME June Somers
STREET ADDRESS 1864 Silver Fern Dr.
CITY-ST-ZIP Daytona Beach, FL 32124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: *Joseph Somers* SIGNATURE REQUIRED

9-26-01

(417) 443-2322

0001060

CR2E083 (5/01)

STAPLE CHECK HERE