

2001 UNIFORM BUSINESS REPORT (UBR)

002172 AF

DOCUMENT # L00000013576

1. Entity Name
JE-MED SUPPLIES AND SERVICES, L.C.

FILED

01 FEB 26 PH 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3679 OLDE COTTAGE LANE
BONITA SPRINGS FL 34134

Mailing Address
3679 OLDE COTTAGE LANE
BONITA SPRINGS FL 34134

2. Principal Place of Business
3440 RENAISSANCE Blvd.
Suite, Apt. #, etc.
#9
City & State
Bonita Springs, FL
Zip
34134
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3682147

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
WOLFE, DAVID L ESQ.
28000 SPANISH WELLS BLVD., STE. 220
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
Name
Ed Schick
Street Address (P.O. Box Number is Not Acceptable)
3679 Olde Cottage Lane
City
Bonita Springs FL Zip Code
34134

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 (NOTE: Registered Agent signature required when reinstating) DATE 2/28/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLFE, DAVID L., ESQ. <input checked="" type="checkbox"/> Delete 28000 Spanish Wells Blvd., Ste 220 Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner - MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ruth Earnheart 3679 Olde Cottage Lane Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner - MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ann Schick 3679 Olde Cottage Lane Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner - MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ed Schick 3679 Olde Cottage Lane Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** **2-8-01** **941-495-3891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)