

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90086 028 *****50.00

DOCUMENT # L00000013576

1. Entity Name

JE-MED SUPPLIES AND SERVICES, L.C.

Principal Place of Business

**3440 RENAISSANCE BLVD.
 SUITE 9
 BONITA SPRINGS FL 34134**

Mailing Address

**3440 RENAISSANCE BLVD.
 SUITE 9
 BONITA SPRINGS FL 34134**

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

59-3682147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHICK, ED
 3679 OLDE COTTAGE LANE
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

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

Ed Schick

3/29/02

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**MGRM
 EARNHARDT, RUTH
 3679 OLDE COTTAGE LANE
 BONITA SPRINGS FL 34134** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**MGRM
 SCHICK, ANN
 3679 OLDE COTTAGE LANE
 BONITA SPRINGS FL 34134** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**MGRM
 SCHICK, ED
 3679 OLDE COTTAGE LANE
 BONITA SPRINGS FL 34134** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**MGRM
 EARNHART, Ruth
 22595 Island Lakes Dr.
 Estero, FL 33928** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**MGRM
 SCHICK ANN
 25080 Ballycastle Crt. # 202
 Bonita Springs, FL 34134** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**MGRM
 SCHICK Ed
 25080 Ballycastle Crt. # 202
 Bonita Springs, FL 34134** ☒ Change ☐ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Ed Schick

3/29/02

Date

239-947-3499

Daytime Phone #

CR2E083 (9/01)