

2001 UNIFORM BUSINESS REPORT (UBR)

0022531 AF

DOCUMENT # L00000013723

1. Entity Name

J-TECH II INVESTMENTS, LLC

FILED

01 APR 16 AM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1218 SEA PLUME WAY
SARASOTA FL 34242

1218 SEA PLUME WAY
SARASOTA FL 34242

2. Principal Place of Business

5131 Jungle Plum Rd

3. Mailing Address

5131 Jungle Plum Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

Applied For

Not Applicable

Zip

34242

Country

Sarasota

Zip

34242

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTELLONE, JOHN

1218 SEA PLUME WAY

SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

John Montellone

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

5131 Jungle Plum Rd

City

SARASOTA

FL

Zip Code

34242

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

3/13/01

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
Managing Member
JOHN MONTELLONE
5131 JUNGLE PLUM ROAD
SARASOTA FL 34242

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
900004037139--6
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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

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

Date

Daytime Phone #

3/13/01

941

724 9700

CR2E083 (11/00)