

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013889

1. Entity Name

J & B LABS, LLC

Principal Place of Business

22 ST JOHNS MEDICAL PARK DR
ST AUGUSTINE FL 32086-5296

Mailing Address

22 ST JOHNS MEDICAL PARK DR
ST AUGUSTINE FL 32086-5296

FILED

01 JAN 31 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

904602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

107 Ink+ Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine FL

4. FEI Number

59-3681096

Applied For

Not Applicable

Zip

Country

Zip

Country

32080

St. Johns

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

WATSON, TODD

7785 BAYMEADOWS WAY

SUITE 107

JACKSONVILLE FL 32256

Name

Kenneth R. Keesee, CPA

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

403 ANASTASIA BLVD

City

St. Augustine

FL

Zip Code

32080

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

Kenneth R. Keesee

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

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	MGR GLENOS, KAREN S 22 ST JOHNS MEDICAL PARK DR ST AUGUSTINE FL 32086-5296	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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*****50.00 *****50.00

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: *Karen S. Glenos* *Karen S. Glenos*

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

Date

Daytime Phone #

1-15-01 (904)824-4886

CR2E083 (11/00)

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