

2002 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
107 INLET DRIVE
ST. AUGUSTINE FL 32080

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

KRESGE, KENNETH R CPA
403 ANASTASIA BLVD.
ST. AUGUSTINE FL 32080

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 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 MGR
NAME GLENOS, KAREN S
STREET ADDRESS 22 ST JOHNS MEDICAL PARK DR
CITY-ST-ZIP ST AUGUSTINE FL 32086-5296

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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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]* SIGNATURE REQUIRED

1/5/02 (904) 824-4886

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 014 ****50.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681096 Applied For Not Applicable

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

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CR2E083 (9/01)