

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014826

1. Entity Name
MR. J'S TAVERN, LLC

Principal Place of Business
8932 LELY ISLAND CIR.
NAPLES FL 34113

Mailing Address
8932 LELY ISLAND CIR.
NAPLES FL 34113

2. Principal Place of Business
13510 Tamiami Trail North
Suite, Apt. #, etc.
Unit 9
City & State
Naples, Florida

3. Mailing Address
13510 Tamiami Trail North
Suite, Apt. #, etc.
Unit 9
City & State
Naples, Florida

Zip 34110 Country USA

Zip 34110 Country USA

4. FEI Number
59-3692105

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, PAULA
8932 LELY ISLAND CIR.
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

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

13510 Tamiami Trail North

Unit 9

City
Naples

FL

Zip Code
34110

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 *Paula Jackson*

Paula Jackson

4/9/02

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 MGR
NAME JACKSON, PAULA
STREET ADDRESS 8932 LELY ISLAND CIR.
CITY-ST-ZIP NAPLES FL 34113 ☐ 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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 13510 Tamiami Trail North, Unit 9
CITY-ST-ZIP Naples, Florida 34110 ☒ 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

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:

Paula Jackson REQUIRED

4/9/02

(941) 596-0874

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

Date

Daytime Phone #

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90349 025 ****50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)