

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015031

1. Entity Name

AJJ JACOBS FAMILY, LC

FILED

Principal Place of Business

Mailing Address

01 JUL 9 AM 8:47

2607 Twin Flower Lane  
NAPLES, FL 34105

2607 Twin Flower Lane  
NAPLES FL 34105

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3708318

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Joyce Jacobs  
2607 Twin Flower Lane  
NAPLES FL 34105

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

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07/24/01--01048--007

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE: President  
NAME: Joyce JACOBS  
STREET ADDRESS: 2607 Twin Flower Lane  
CITY-ST-ZIP: NAPLES FL 34105

TITLE:  Change  Addition

TITLE: Vice President  
NAME: Arthur JACOBS  
STREET ADDRESS: 2607 Twin Flower Lane  
CITY-ST-ZIP: NAPLES FL 34105

TITLE:  Change  Addition

TITLE: Vice President  
NAME: JAMIE JACOBS  
STREET ADDRESS: 2607 Twin Flower Lane  
CITY-ST-ZIP: NAPLES FL 34105

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  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: Joyce Jacobs Pres Joyce Jacobs 7/26/01

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

Date

Daytime Phone #

CR2E083 (1/100)