

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90194 017 ****55.00

DOCUMENT # L00000015031

1. Entity Name
AJJ JACOBS FAMILY, LC

Principal Place of Business Mailing Address

2607 TWINFLOWER LANE 2607 TWINFLOWER LANE
NAPLES FL 34105 NAPLES FL 34105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

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

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

JACOBS, JOYCE L
2607 TWINFLOWER LANE
NAPLES FL 34105

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		Delete <input type="checkbox"/>
TITLE	PRES	
NAME	JACOBS, JOYCE L	
STREET ADDRESS	2607 TWINFLOWER LANE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VP	Delete <input type="checkbox"/>
NAME	JACOBS, ARTHUR	
STREET ADDRESS	2607 TWINFLOWER LANE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VP	Delete <input type="checkbox"/>
NAME	JACOBS, JAMIE	
STREET ADDRESS	2607 TWINFLOWER LANE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 **SIGNATURE REQUIRED** Joyce L Jacobs **Date** 4/20/02 **Daytime Phone #**

CR2E083 (9/01)