FILED
Jun 04, 2003 8:00 am
Secretary of State

04-30-2003 90185 015 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015832

1. Entity Name
C & J REFITTERS, L.L.C.

44003322

Principal Place of Business	Mailing Address
~~4099 CENTERBOARD LANE~~ ~~STUART FL 34997~~ 3672 SE Forcastle Ct STUART Fl 34997	PO BOX 9418 PANAMA CITY BEACH FL 32417

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR 59-3700613 ☐ Applied For ☐ Not Applicable

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
NOVOTA, CHARLES M ~~4099 CENTERBOARD LANE~~ STUART FL 34997	Name: Street Address (P.O. Box Number is Not Acceptable): 3672 SE Forcastle Court City: Stuart FL Zip Code: 34997

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOVOTA, CHARLES M 4099 CENTERBOARD LANE STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

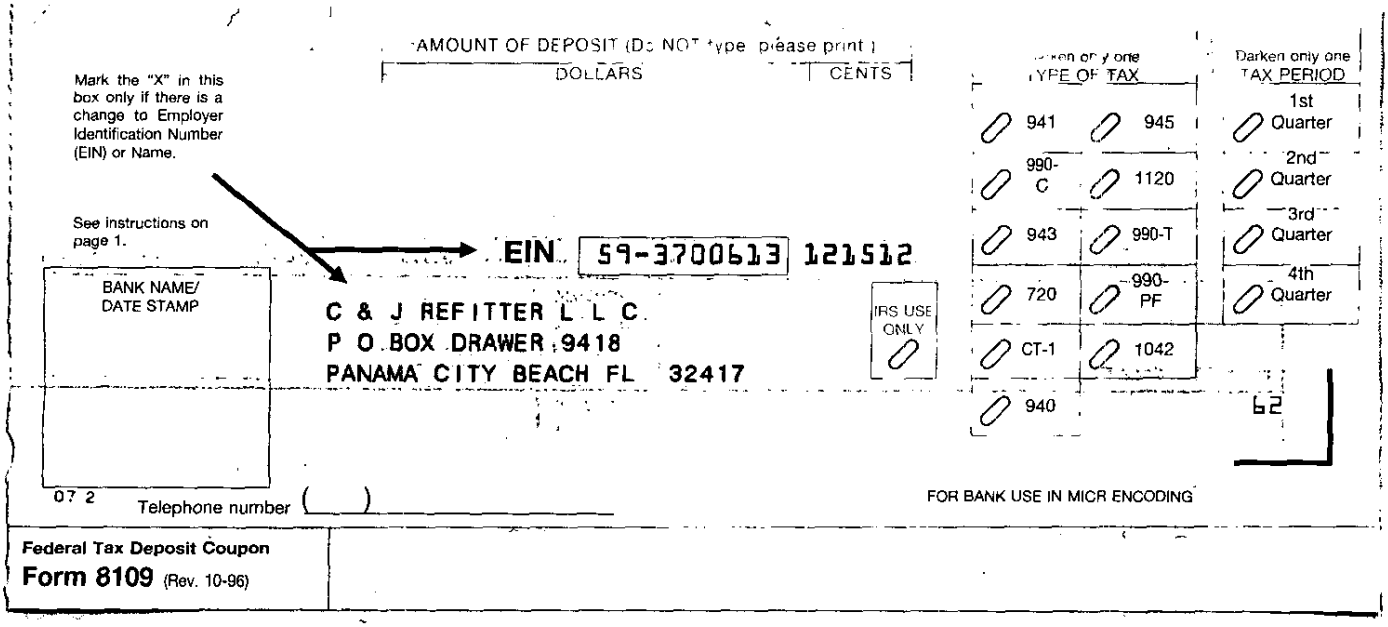
CR2E083 (10/02)

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: Charles M Novota [signature] — 4-16-03 — 772-781-7229 / 850-235-0950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment 44 003322

#L0000015832



AMOUNT OF DEPOSIT (Do NOT type please print)

DOLLARS | CENTS

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

EIN 59-3700613 121512

BANK NAME/ DATE STAMP

C & J REFITTER L L C
P O BOX DRAWER 9418
PANAMA CITY BEACH FL 32417

IRS USE ONLY

Darken only one TYPE OF TAX

- 941
- 945
- 990-C
- 1120
- 943
- 990-T
- 720
- 990-PF
- CT-1
- 1042
- 940

Darken only one TAX PERIOD

- 1st Quarter
- 2nd Quarter
- 3rd Quarter
- 4th Quarter

62

07 2 Telephone number ( )

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon

Form 8109 (Rev. 10-96)