

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90065 014 ****50.00

0016002

DOCUMENT # L01000007516

1. Entity Name

JUPITER IMPORT & EXPORT, L.L.C.



Principal Place of Business

**1000 NORTH US HIGHWAY 1 BER.301
JUPITER FL 33477**

Mailing Address

**1000 NORTH US HIGHWAY 1
BER 304
JUPITER FL 33477**

2. Principal Place of Business

1000 US Highway 1 N.

3. Mailing Address

1000 US Highway 1 N.

Suite, Apt. #, etc.

BER 304

Suite, Apt. #, etc.

BER 304

City & State

Jupiter, FL.

City & State

Jupiter, FL 33477

Zip

33477

Country

USA

Zip

33477

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1105019

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LEGGIO, ANTHONY W
1000 NORTH US HIGHWAY 1 BER.301
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name

GARY J. BROWN

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

1000 US Highway 1 N.

BER 304

City

Jupiter,

FL

Zip Code

33477

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

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGGIO, ANTHONY 1000 N US 1 BER 301 JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, GARY 1000 N US 1 BER 304 JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Leggio, Anthony 1476 Spring Trail Enterprise, FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

8/4/03

**561
743-4780**

CR2E083 (4/03)