

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90006 008 \*\*\*\*50.00

**DOCUMENT # L01000008644**

1. Entity Name

**TJ'S UNLIMITED, LLC**

Principal Place of Business

**17541 OAK CREEK RD  
 ALVA FL 33920**

Mailing Address

**17541 OAK CREEK RD  
 ALVA FL 33920**

2. Principal Place of Business

**14630 Palm Beach Blvd.**

Suite, Apt. #, etc.

**Unit 1**

City & State

**Ft. Myers, FL**

Zip

**33905**

Country

**Lee**

3. Mailing Address

**14630 Palm Beach Blvd.**

Suite, Apt. #, etc.

**Unit 1**

City & State

**Ft. Myers, FL**

Zip

**33905**

Country

**Lee**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1109787**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**COSTELLO, TRUMAN J  
 12670 NEW BRITTANY BLVD., STE 101  
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **Joleen Sasser**

Street Address (P.O. Box Number is Not Acceptable)  
**17541 Oak Creek Rd.**

City **Alva**

**FL**

Zip Code **33920**

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

*Joleen Sasser*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/26/02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **Vice President** ☐ Delete

NAME **Joleen Sasser**  
 STREET ADDRESS **17541 Oak Creek Rd.**  
 CITY-ST-ZIP **Ft. Myers, FL 33920**

TITLE **President** ☐ Delete

NAME **Terri Stone**  
 STREET ADDRESS **11600 Shirley Ln.**  
 CITY-ST-ZIP **Ft. Myers, FL 33917**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Joleen Sasser*

**2/26/02**

**941-693-7707**

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

Date

Daytime Phone #

CR2E083 (9/01)