

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90029 001 \*\*\*\*50.00

013600



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000009594**

1. Entity Name  
**JJE, LLC**

Principal Place of Business <b>% DAVID S. GUTRIDGE</b> <b>1811 RUNNYMEDE RD.</b> <b>DAYTON OH 45419</b>	Mailing Address <b>% DAVID S. GUTRIDGE</b> <b>1811 RUNNYMEDE RD.</b> <b>DAYTON OH 45419</b>
--	--

2. Principal Place of Business <b>3700 EL Centro St</b>	3. Mailing Address <b>3700 EL Centro St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St Pete Beach, FL</b>	City & State <b>St Pete Beach, FL</b>
Zip <b>33706</b>	Country <b>PINELLAS</b>

4. FEI Number <b>31-1780607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTRIDGE, DAVID S**  
**3700 EL CENTRO ST.**  
**ST. PETE BEACH FL 33706**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Department of State</b>  <b>Due By May 1, 2002</b></p>
---

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; CEO</b> <b>DAVID S. GUTRIDGE (for JETON Corp.)</b> <b>3700 EL Centro St.</b> <b>St Pete Beach, FL 33706</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXEC. V.P.</b> <b>SCOT BULEY</b> <b>1130 Serpentine Dr. S.</b> <b>St. Petersburg, FL 33705</b>	<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		<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
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: David S. Gutridge **DAVID S. GUTRIDGE** 1/20/02 727-360-8423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)