2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000010616 04-03-2002 90018 006 ****50.00 1. Entity Name JENCORP, L.L.C. Principal Place of Business 86040 6303 LONGLEAF PINE CT. 6303 LONGLEAF PINE CT. **BRADENTON FL 34202** BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-113/237 Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUBLEDAY, JENNIFER L Street Address (P.O. Box Number is Not Acceptable) 6303 LONGLEAF PINE CT. **BRADENTON FL 34202** City 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 lide if applicable. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PRESIDENT, YP, SEC. TITLE □ Detete TITLE ☐ Change ☐ Addition <u>§</u> JENNIFER L. DoublEdAY NAME NAME STREET ADDRESS 4303 LONGLEAF PINE AT. STREET ADDRESS CR2E083 CITY-ST-ZIP CITY+ST-ZIP BRADENTON, FL 34202 TITLE Defeta TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

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941-727-5250