

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015195

1. Entity Name
COJO, L.L.C.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90091 034 ****50.00

Principal Place of Business

85 SOUTH SEAS COURT
MARCO ISLAND FL 34145

Mailing Address

85 SOUTH SEAS COURT
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME	MGRM CORMIER, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	85 SOUTH SEAS COURT MARCO ISLAND, FL	
TITLE NAME	MGRM <i>Buif</i> CORMIER, CHRISTY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	15280 HERRIMAN BLVD NOBLESVILLE IN	
TITLE NAME	MGRM <i>Buif</i> CORMIER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	15280 HERRIMAN BLVD NOBLESVILLE IN	
TITLE NAME	MGRM CORMIER REVOCABLE TRUST-1994	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	85 SOUTH SEAS COURT MARCO ISLAND FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	MGRM <i>Buif, Christy</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	15280 Herriman Blvd. Noblesville IN	
TITLE NAME	MGRM <i>Buif, John</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	15280 Herriman Blvd. Noblesville, IN	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Date

Daytime Phone #

CR2E083 (4/02)