

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015466

1. Entity Name

JJ ENTERPRISES, LLC

Principal Place of Business

6167 HOLBROOK ST.
ENGLEWOOD FL 34224

Mailing Address

6167 HOLBROOK ST.
ENGLEWOOD FL 34224

2. Principal Place of Business

249 Beene Rd SE

Suite, Apt. #, etc.

3. Mailing Address

249 Beene Rd SE

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33952

Country

Charlotte

City & State

Port Charlotte, FL

Zip

33952

Country

Charlotte

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNS, DONNA

6167 HOLBROOK ST.
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name

Donna Johns

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

249 Beene Rd. SE

City

Port Charlotte

FL

Zip Code

33952

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

Donna Johns

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/02

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 Donna Johns
STREET ADDRESS 249 Beene Rd. SE.
CITY-ST-ZIP Port Charlotte, FL 33952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE President ☐ Change ☒ Addition
NAME John F. Johns
STREET ADDRESS 249 Beene Rd SE.
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Donna Johns **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

2/2/02

941-624-6938

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90090 007 ****50.00

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DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)