

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-12-2002 90090 008 ****50.00

DOCUMENT # L01000015467

1. Entity Name

JAZZY ENTERPRISES, LLC

Principal Place of Business

**6167 HOLBROOK ST.
 ENGLEWOOD FL 34224**

Mailing Address

**6167 HOLBROOK ST.
 ENGLEWOOD FL 34224**

921793



DO NOT WRITE IN THIS SPACE

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

City & State

Port Charlotte, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33952

Country

Charlotte

Zip

33952

Country

Charlotte

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)

2/2/02

DATE

**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
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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

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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 REQUIRED

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

Date

Daytime Phone #

2/2/02 941-624-6938

CR2E083 (9/01)