

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L01000016345**

1. Entity Name

**J & E, LLC.**

Principal Place of Business  
1395 SW 34TH STREET  
PALM CITY FL 34990

Mailing Address  
1395 SW 34TH STREET  
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**605-1142 116**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STIBUREK, JOHN  
1395 SW 34TH STREET  
PALM CITY FL 34990**

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.

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 May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE: MGRM  
NAME: STIBUREK, JOHN  
STREET ADDRESS: 1395 SW 34TH STREET  
CITY-ST-ZIP: PALM CITY FL 34990**

Delete

**10. ADDITIONS/CHANGES**

Change  Addition

**TITLE: MGRM  
NAME: OLSON, ERIC  
STREET ADDRESS: 4187 SE QUINTON  
CITY-ST-ZIP: STUART FL 34997**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  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: *[Signature]* **REQUIRED****

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

Date

Daytime Phone #

CR2E083 (9/01)