

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90002 041 \*\*\*\*50.00

**DOCUMENT # L01000016722**

1. Entity Name

JEP, L.L.C.

Principal Place of Business

101 LOVEJOY ROAD  
 FORT WALTON BEACH FL 32548

Mailing Address

101 LOVEJOY ROAD  
 FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2951634

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

EUBANKS, THERESE  
 101 LOVEJOY ROAD  
 FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name No change

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

City

FL

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

Therese Eubanks

Therese Eubanks

4/18/02

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	member	<input type="checkbox"/> Delete
NAME	Therese Eubanks	
STREET ADDRESS	4337 Hwy 90E	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	member	<input type="checkbox"/> Delete
NAME	James C Jenkins	
STREET ADDRESS	41 Ridgelake Dr	
CITY-ST-ZIP	Mary Esther FL 32569	
TITLE	member	<input type="checkbox"/> Delete
NAME	Kent Peterson	
STREET ADDRESS	PO Box 9107	
CITY-ST-ZIP	Destin, FL 32641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Therese Eubanks

Therese Eubanks

4/18/02

850-244-3462

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

Date

Daytime Phone #

CR2E083 (9/01)