

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90011 003 \*\*\*\*50.00

**DOCUMENT # L01000017422**

1. Entity Name  
**J & R SAILBOAT, L.L.C.**

Principal Place of Business <b>4471 ROGERS PLACE          MELBOURNE FL 32904</b>	Mailing Address <b>4471 ROGERS PLACE          MELBOURNE FL 32904</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>-</b>	Suite, Apt. #, etc. <b>-</b>
City & State <b>-</b>	City & State <b>-</b>
Zip <b>-</b>	Country <b>-</b>

4. FEI Number <b>59-3749881</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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

**OHLHEISER, JON  
 4471 ROGERS PLACE  
 MELBOURNE FL 32904**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 *Jon Ohlheiser*

DATE **4/14/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE <b>AGENT</b>	<input type="checkbox"/> Delete
NAME <b>JON OHLHEISER</b>	
STREET ADDRESS <b>4471 ROGERS PLACE</b>	
CITY-ST-ZIP <b>MELBOURNE, FL. 32904</b>	
TITLE <b>MANAGER</b>	<input type="checkbox"/> Delete
NAME <b>H. RUSSELL OHLHEISER</b>	
STREET ADDRESS <b>90 ROBIN RD.</b>	
CITY-ST-ZIP <b>WINDSOR, CT. 06095</b>	
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	
TITLE	<input type="checkbox"/> Delete
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	
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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: *Jon Ohlheiser*

DATE **4/14/02** (321) 768-0915

CR2E083 (9/01)