

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90150 022 ****50.00

DOCUMENT # L01000019745

1. Entity Name

JMJ ENTERPRISES, LLC

Principal Place of Business

**215 MOUNTAIN DRIVE, SUITE 111
 DESTIN FL 32541**

Mailing Address

**215 MOUNTAIN DRIVE, SUITE 111
 DESTIN FL 32541**

35221

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

59-3730291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FELL, JAMES E JR.
 15 COURTNEY LANE
 CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

Name

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

218 Vinnings Way, Unit 206

City

Destin

FL

Zip Code
32541

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 **President** ☐ Delete
 NAME **James E. Fell Jr**
 STREET ADDRESS **218 Vinnings Way, Unit 206**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE **Vice President** ☐ Delete
 NAME **Michael F. Fell**
 STREET ADDRESS **239 Wekiva Cove**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE **Secretary** ☐ Delete
 NAME **James E. Fell Sr.**
 STREET ADDRESS **30 Moreno Road, Unit 401B**
 CITY-ST-ZIP **Destin, FL 32541**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE REQUIRED
James E. Fell Jr

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

4/9/02 (850) 650-2311

Date

Daytime Phone #

CR2E083 (9/01)