

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90083 044 ****50.00

DOCUMENT # L02000003706

1. Entity Name

JOLAUR ENTERPRISES, LC



Principal Place of Business

C/O MRS. TRACY MCGUIRE
MAILBOXES, ETC., 6900-29 DANIELS PKWY
FORT MYERS FL 33912

Mailing Address

C/O MRS. TRACY MCGUIRE
MAILBOXES, ETC., 6900-29 DANIELS PKWY
FORT MYERS FL 33912

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

42-1530459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCGUIRE, TRACY
C/O MAILBOXES, ETC.
6900-29 DANIELS PKWY.
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tracy McGuire

V.P. & General manager 4-29-03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE *President* ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *John Bouhan* ☐ Change ☒ Addition
NAME *President*
STREET ADDRESS *21391 S. Tamiami Trail*
CITY-ST-ZIP *Estero FL 34135*

TITLE *V.P.* ☐ Change ☒ Addition
NAME *Laurie Bouhan*
STREET ADDRESS *21301 S. Tamiami Trail*
CITY-ST-ZIP *Estero, FL 34135*

TITLE *V.P.* ☐ Change ☒ Addition
NAME *Tracy McGuire*
STREET ADDRESS *6900-29 Daniels Pkwy.*
CITY-ST-ZIP *Fort Myers, FL 33912*

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

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

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:

Tracy McGuire

4-29-03 239-768-344

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

Date

Daytime Phone #

CR2E083 (10/02)

0073388