

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90808 012 ****50.00

DOCUMENT # L02000006634

1. Entity Name

JEN-TER LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3971 GULF SHORE BLVD N., # 1201

Suite, Apt. #, etc

#1201

City & State

NAPLES, FL

Zip

34103

Country

USA

3. Mailing Address

3971 GULFSHORE BLVD N

Suite, Apt. #, etc.

1201

City & State

NAPLES, FL

Zip

34103

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0576804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GOODMAN & BREEN, A PROFESSIONAL ASSOCIATION

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

3838 TAMiami TRAIL, N

SUITE 300

City

NAPLES

FL

Zip Code

34103

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
Jennie M. Fittipaldi
3971 Gulf Shore Blvd. N., #1201
Naples, FL 34103-2104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
Jenise M Bender
698 Westridge Rd.
Akron, OH 44333**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Jennie M Fittipaldi

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

3/14/03

Date

239 263 4360

Daytime Phone #

CP2E0835 (12/02)