

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90048 002 ****50.00

DOCUMENT # L02000006840

1. Entity Name
JUHL INVESTMENTS, LLC



Principal Place of Business
**125 NORTH AIRPORT RD., STE. 202
NAPLES FL 34104**

Mailing Address
**125 NORTH AIRPORT RD., STE. 202
NAPLES FL 34104**

20025549



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1307 LITTLE BLUE HERON CT
Suite, Apt. #, etc.

3. Mailing Address
1307 LITTLE BLUE HERON CT
Suite, Apt. #, etc.

City & State
NAPLES FLORIDA

City & State
NAPLES FLORIDA

4. FEI Number
03-0430534

Applied For
☐ Not Applicable

Zip Country
34108-3311 COLLIER

Zip Country
34108-3311 COLLIER

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JUHL, DONALD R
125 NORTH AIRPORT RD., STE. 202
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **DONALD JUHL**
Street Address (P.O. Box Number is Not Acceptable)
1307 LITTLE BLUE HERON COURT
City **NAPLES** FL Zip Code **34108-3311**

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 _____ (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 **DONALD M JUHL** ☐ Delete
NAME **TRASVANA**
STREET ADDRESS **1307 LITTLE BLUE HERON COURT**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **SECRETARY** ☐ Delete
NAME **DONALD R JUHL**
STREET ADDRESS **152 FOX GLEN DR**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **MARGARET E JUHL**
STREET ADDRESS **152 FOX GLEN DR**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **PRESIDENT** ☐ Delete
NAME **VALERIE K JUHL**
STREET ADDRESS **1307 LITTLE BLUE HERON CT**
CITY-ST-ZIP **NAPLES FL 34108**

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

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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: **DONALD JUHL** 2/6/03 (239) 596-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)