# 2003 LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000013991

**1.** Entity Name

**JEAN SHOEMAKER ENTERPRISES, LLC**

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FILED

03 OCT -1  PM 3: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 1255 GULFSTREAM AVE. APT. 506 | 1255 GULFSTREAM AVE. APT. 506 |
| SARASOTA FL 34236 | SARASOTA FL 34236 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | **4.** FEI Number — Applied For / ☒ Not Applicable |
| Zip / Country | Zip / Country | **5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SHOEMAKER, JEAN<br>1255 GULFSTREAM AVE. APT. 506<br>SARASOTA FL 34236 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 _____

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 September 24, 2003**

`100023458731`
`10/01/03--01004--003  **50.00`

| 9. | MANAGING MEMBERS/MANAGERS | | 10. | ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|---|
| TITLE | MGR | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | SHOEMAKER, JEAN | | NAME | | | |
| STREET ADDRESS | 1255 GULFSTREAM AVE. APT. 506 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34236 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |

CR2E083 (4/03)

**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~~_  JEAN SHOEMAKER   Sept. 13 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #