

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90042 041 ****50.00

DOCUMENT # L02000027802

1. Entity Name
KJR, LLC



Principal Place of Business
**15170 CANONGATE DRIVE
FT. MYERS FL 33912**

Mailing Address
**15170 CANONGATE DRIVE
FT. MYERS FL 33912**

2. Principal Place of Business

13131 University Dr.

Suite, Apt. #, etc.

3. Mailing Address

13131 University Dr.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33907

Country

USA

City & State

Ft. Myers, FL

Zip

33907

Country

USA

4. FEI Number

57-1143729

Applied For

Not Applicable

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

**JOHNSON-CROWTHER, KAREN
15170 CANONGATE DRIVE
FT. MYERS FL 33912**

Name

Johnson-Crowther, Karen

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

13131 University Drive

City

Ft. Myers

State

FL

Zip Code

33907

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
Karen Johnson-Crowther
13131 University Drive
Ft. Myers, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Karen Johnson-Crowther

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

Date

Daytime Phone #

1/29/02 239-489-3303
Ext. 20

CR2E083 (10/02)