

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003 00103-004-\$50.00-\$50.00

DOCUMENT # L02000033988

1. Entity Name

JUST HORSIN' AROUND JEWELERS, LLC



03 OCT -6 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

16751 SLATER ROAD  
N. FT. MYERS FL 33917

16751 SLATER ROAD  
N. FT. MYERS FL 33917

2. Principal Place of Business

3. Mailing Address

1801 Brantley Rd

1801 Brantley Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2010

# 2010

10/6

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

FT Myers FL

FT Myers FL

4. FEI Number

Applied For

65-0250562

Not Applicable

Zip

Country

33907

USA

Zip

Country

33907

USA

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

MUSTO, RICK  
16751 SLATER ROAD  
N. FT. MYERS FL 33917

Name: Rick Musto  
Street Address (P.O. Box Number is Not Acceptable):  
1801 Brantley Rd  
# 2010  
City: FT. Myers 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)

9/16/03

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Rick Musto	1801 Brantley Rd #2010	FT Myers, FL 33907	<input type="checkbox"/>
TREASURER	TERESA MUSTO	24 Galente Ct.	FT Myers, FL 33908	<input type="checkbox"/>
SECRETARY	AMANDA SHLAN	16751 Slater Rd.	N FT Myers, FL 33907	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Date

Daytime Phone #

239-275-6887  
9/16/03 - 239-994-2653

CR2E083 (4/03)