# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/1

**FILED**
**Aug 25, 2003 8:00 am**
**Secretary of State**
08-11-2003 90105 009 ****55.00

DOCUMENT # L02000034545

1. Entity Name

JCOL, LLC

55054991

[redacted]

☐ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 1760 SE SALERNO ROAD<br>STUART FL 34997 | 1760 SE SALERNO ROAD<br>STUART FL 34997 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 06-1672214 ☐ 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 |
|---|---|
| BRECHBILL, MARK<br>215 SOUTH FEDERAL HIGHWAY STE. 100<br>STUART FL 34994 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | MGR / PRESIDENT<br>COLLINS, JAMES T<br>1760 SE SALERNO ROAD<br>STUART FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER / V.P. CLIENT SERVICES<br>JULI COLLINS<br>1804 SE LAFAYETTE<br>STUART FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER / VP OPERATIONS<br>JOAN COLLINS<br>1760 SE SALERNO RD.<br>STUART, FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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] **RE REQUIRED** 8/4/03 772-220-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #