

2001 UNIFORM BUSINESS REPORT (UBR)

002 373 AF

DOCUMENT # L95000000733

1. Entity Name

J.K.C. WEN, L.C.

FILED

01 FEB 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3 SUGARMILL LN
FLAGLER BEACH FL 32136

Mailing Address

3 SUGARMILL LN
FLAGLER BEACH FL 32136

2. Principal Place of Business

2020 Southwest 42nd Place

3. Mailing Address

2020 Southwest 42nd Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Fla.

City & State

Ocala, Fla.

4. FEI Number

59-3335121

Applied For

Not Applicable

Zip

34474

Country

USA

Zip

34474

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, JOHN J
3 SUGARMILL LN
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name John J. Casey
Street Address (P.O. Box Number is Not Acceptable)
2020 Southwest 42nd Place
City Ocala FL Zip Code 34474

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.

SIGNATURE

John J. Casey

John J. Casey Managing Member

2-5-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME CASEY, JOHN J
STREET ADDRESS 3 SUGARMILL LN
CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGRM
NAME Casey, John J.
STREET ADDRESS 2020 Southwest 42nd Place
CITY-ST-ZIP Ocala, FL 34474 ☒ Change ☐ Addition

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

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

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

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

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:

John J. Casey

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

2-101

852-408-4627

Date

Daytime Phone #

CR2E083 (11/00)