

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90594 047 ****50.00

DOCUMENT # L97000000640

1. Entity Name

**JACKY'S & JANNY'S-CONTINENTAL RESTAURANT LIMITED
 COMPANY**

Principal Place of Business

**12901 MCGREGOR BLVD
 #6
 FORT MYERS FL 33919**

Mailing Address

**C/O HILL & COMPANY
 1318 LAFAYETTE STREET
 CAPE CORAL FL 33904**

2. Principal Place of Business

3. Mailing Address

c/oDonald Rhodes

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1402 SE 46th Lane

City & State

City & State

Cape Coral, FL

Zip

Country

33904

Lee

4. FEI Number

65-0868308

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

**DONALD R RHODES, CPA
 1402 SE 46TH LANE
 CAPE CORAL FL 33904**

Name

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

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.

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 SINGH, HARBANS
 1318 LAFAYETTE STREET
 CAPE CORAL FL 33904** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 SINGH, SONIA
 1318 LAFAYETTE STREET
 CAPE CORAL FL 33904** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

Harbans Singh

*(239) 481-7766
 4-25-02*

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

Date

Daytime Phone #

CR2E083 (9/01)