

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90589 022 ****55.00

DOCUMENT # L97000001331

1. Entity Name

JB PORTA, L.C.

Principal Place of Business

**13925 - 58TH STREET NORTH
 CLEARWATER FL 33760**

Mailing Address

**13925 - 58TH STREET NORTH
 CLEARWATER FL 33760**

957879

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

59-3480409

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

**WOHLWENDS, BETH
 13925 - 58TH STREET NORTH
 CLEARWATER FL 33760**

(Correct
 spelling) →

WOHLWEND, BETH

13925 - 58TH ST., N.

Clearwater

FL

33760

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
D LUECK, FRED
13925 - 58TH STREET NORTH
CLEARWATER FL 33760

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D WOHLWEND, BETH
13925 - 58TH STREET NORTH
CLEARWATER FL 33760

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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:

Beth Wohlwend, Director

4/29/02 (727) 524 4833

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

Date

Daytime Phone #

CR2E083 (9/01)