2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000275

1. Entity Name

JUGO, L.C.

Principal Place of Business	Mailing Address
99 SIXTH STREET. S.W. WINTER HAVEN FL 33880	99 SIXTH STREET. S.W. WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number **NOT APPLICABLE**	Applied For / Not Applicable
Zip / Country	Zip / Country	**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	
CHILTON, CHARLES R 99 SIXTH STREET, S.W. WINTER HAVEN FL 33880	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 **MGRM** NAME **MS. ALETTA ACKERMANN,** STREET ADDRESS **7001 NE 137TH STREET** CITY-ST-ZIP **KIRKLAND WA 98034**	☐ 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
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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~~   01/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (9/01)