2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND

FILED

20 JUN -2 AM 9: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name	L98000001429				
SNJB & ASSOCIATES, I	L.L.C.				
t I					
Principal Place of Business	Mailing Address				
3752 TORREY PINES BLVD.	3752 TORREY PINES BLVD.				
SARASOTA FL 34238	SARASOTA FL 34238-2829				

3752 TORREY SARASOTA FI		3752 TORREY PINES BLV SARASOTA FL 34238-282							
	<i>:</i>								
2. Principal P	2. Principal Place of Business 3. Mailing Addre		Address			3 18871837 818 18587 1873 88731 8831 8831 88317 88321 8 	7181 (1811 6 181	8	
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	е	City & State	ity & State		4. FEI N	4. FEI Number 65-0862732 Applied Not App			
Zip	Country	Zip	p Country		5. Certi	5. Certificate of Status Desired \$5.00 Additional Fee Required			
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
			Name .						
CHAPNICK, BRUCE P			Street Address (P.O. Box Number is Not Acceptable)						
3752 TORREY PINES BLVD.									
SARASOT	A FL 34238								
				City		FL	Zip Co	de	
8. The above	named entity submits this statement	for the purpose of changing its	registere	ed office or regis	tered agent, o	or both, in the State of Florida.			
	•							}	
SIGNATURE .	Signature; typed or printed name of registered age	nt and title if applicable (NOT)	E: Bacietoro	d Agent signature requ	wod when reinstell	na) DATE			
	Signature, typed or printed hame or registered age	in and the rappicable. (170)	L. negistere	a võeur siõi sarare reda	med when telijatati	DAIL.			
		FILE NO	I !!!WC	FEE IS \$50.0	0			[
		Make Check Pa	yable t	o Department	of State	,			
•	MANAGING MEN	DEDC (MEMBERS	10.			ADDITIONS/CHANGES			
9. TITLE	MANAGING MEM	BERS/MEMBERS Delete	TITLI			ADD/HONS/CHANGES	Change	Addition	
NAME	CHAPNICK, BRUCE P		NAM	1					
STREET ADDRESS	3752 TORREY PINES BLVD.		STRE	ET ADDRESS					
CITY- ST- ZIP	SARASOTA FL 34238		CITY	- 8T- ZIP		-			
TITLE	MGR	☐ Deleta	TITL	E			Change	Addition	
NAME '	CHAPNICK, SANDI R		MAM			400003290 -06/15/00-1	13.4°	$\frac{4}{602}$	
STREET ADDRESS CITY-ST-ZIP	3752 TORREY PINES BLVD.			ET ABDRE88 - ST- ZIP		-05/15/000 *****50.88	米米米	**50.00	
	SARASOTA FL 34238		-						
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CITY-8T-ZIP		ر از این مینان ا	CITY	· \$T-ZIP		-			
TITLE		☐ Delate	mū		~~~~~		Change	Addition	
NAME			NAM	E				·	
STREET ADDRESS				ET ADDRESS	÷			l l	
CITY-ST-ZIP			_	-\$T-ZIP					
TITLE		Delate	TITLI	ľ			Change	Addition	
RAME STREET ADDRESS				ET ADDRESS				1	
CITY- 8T- ZEP		•		8T- ZIP					
TITLE			TITLE	:			Change	Addition	
RAME	1		MAM				-		
STREET ADDRESS)			ET ADDRESS		•			
CITY-ST-ZIP		-		ST-ZIP					
11. I hereby o	ertify that the information supplied wi	th this filing does not qualify for	the exe	mption stated in	Section 119.0	07(3)(i), Florida Statutes. I further certi	fy 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.