

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022341 AF

DOCUMENT # L98000001429

1. Entity Name  
SNJB & ASSOCIATES, L.L.C.

FILED

01 APR 23 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3752 TORREY PINES BLVD.  
SARASOTA FL 34238

Mailing Address  
3752 TORREY PINES BLVD.  
SARASOTA FL 34238



2. Principal Place of Business

8935 Bloomfield Blvd  
Suite, Apt. #, etc.

3. Mailing Address

8935 Bloomfield Blvd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota, FL

4. FEI Number

65-0862732

Applied For

Not Applicable

Zip

34238

Country

US

Zip

34238

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P  
3752 TORREY PINES BLVD.  
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

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

8935 Bloomfield Blvd

City

Sarasota

FL

Zip Code

34238

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.

Bruce P Chapnick

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

400004163464--9  
-05/08/01--01138--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPNICK, BRUCE P 3752 TORREY PINES BLVD. SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPNICK, SANDI R 3752 TORREY PINES BLVD. SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8935 Bloomfield Blvd Sarasota, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8935 Bloomfield Blvd Sarasota, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bruce P Chapnick, Manager 4/18/01

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

Date

Daytime Phone #

(813) 333-3117

CR2E083 (11/00)