

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000435**

1. Entity Name
J&B HOME REPAIRS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:39

Principal Place of Business
4551 SHIRLEY AVENUE
JACKSONVILLE FL 32210

Mailing Address
4551 SHIRLEY AVENUE
JACKSONVILLE FL 32210-2065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3551584

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

LIBERO, JAMES JR
8149 CROSSWINDS RD
JACKSONVILLE FL 32244

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM LIBERO, JAMES JR
STREET ADDRESS 8149 CROSSWIND RD
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP *mf 3/7/00*

TITLE NAME Delete
MGRM WRIGHT, WILLIAM A
STREET ADDRESS 8143 CROSSWIND RD
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
600003165566--9
-03/10/00--01094--015
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/29/00
Date

Daytime Phone #

FORM 1300 1-00