

# 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**

**LIBERO, JAMES JR**  
8149 CROSSWINDS RD  
JACKSONVILLE FL 32244

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE NAME	MGRM LIBERO, JAMES JR	<input type="checkbox"/> Delete
STREET ADDRESS	8149 CROSSWIND RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE NAME	MGRM WRIGHT, WILLIAM A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8143 CROSSWIND RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

*mf 3/7/00*

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**-03/10/00--01094--015**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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 #

150000

FORM 1300 1-00