


2001 UNIFORM BUSINESS REPORT (UBR)

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|---|--|---|--|--|---|-------------------------------|--|
| DOCUMENT # L99000000435 1. Entity Name J&B HOME REPAIRS, LLC | | | | FILED 01 SEP -4 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE | | | |
| Principal Place of Business 4551 SHIRLEY AVENUE JACKSONVILLE FL 32210 | | Mailing Address 4551 SHIRLEY AVENUE JACKSONVILLE FL 32210 | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | 4. FEI Number 59-3551584 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001 | | | | 1-00004602001-1 -09/20/01-01028-011 *****50.00 *****50.00 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIBERO, JAMES JR 8149 CROSSWIND RD JACKSONVILLE FL 32244 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 8/14/01 | | | |

STAPLE CHECK HERE

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