

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000522**

1. Entity Name

A J Honore, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 10 PM 3:33

Principal Place of Business

Mailing Address

2. Principal Place of Business

1001 3rd Ave, W., Suite 470

3. Mailing Address

P.O. Box 111

Suite, Apt. #, etc.

BRADENTON, FL

Suite, Apt. #, etc.

City & State

BRADENTON, FL

4. FEI Number

65-0896462

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

34205

Country

MANATEE

Zip

34206

Country

MANATEE

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**Black Sanders Walters & Caples PA
802 11th Street W.
BRADENTON, FL 34205**

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

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

TITLE **MEMBER/MGRM** ☐ Delete
NAME **John McKay**
STREET ADDRESS **P.O. Box 111**
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE **STAN STEPHENS** ☐ Delete
NAME **STAN STEPHENS**
STREET ADDRESS **P.O.**
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE **MEMBER/MGRM** ☐ Delete
NAME **STAN STEPHENS**
STREET ADDRESS **P.O. Box 111**
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **100003249631--E**
-05/12/00--01011-020 Addition
*******50.00 *****50.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Let 5/10**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/21/00 941.747.2777
Date Daytime Phone #

CR2E083 (11/99)