

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90126 021 ****55.00

DOCUMENT # L99000001258

1. Entity Name

J D FINANCIAL INVESTMENTS L.L.C.

Principal Place of Business

**26550 ROOKERY LAKE DRIVE
 BONITA SPRINGS FL 34134**

Mailing Address

**26550 ROOKERY LAKE DRIVE
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

26920 MONTEGO POINTE CT.

Suite, Apt. #, etc.

101

3. Mailing Address

26920 MONTEGO POINTE CT.

Suite, Apt. #, etc.

101

City & State

BONITA SPRINGS, FLA.

City & State

BONITA SPRINGS, FLA.

Zip

34134

Country

LEE

Zip

34134

Country

LEE

4. FEI Number

59-3567433

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JENSEN, DONALD R
 26550 ROOKERY LAKE DRIVE
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

JENSEN, DONALD R.

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

26920 MONTEGO POINTE CT. #101

City

BONITA SPRINGS

FL

Zip Code

34134

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JENSEN, DONALD R	
STREET ADDRESS	26550 ROOKERY LAKE DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JENSEN, JEAN A	
STREET ADDRESS	26550 ROOKERY LAKE DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	26920 MONTEGO POINTE CT. #101	
CITY-ST-ZIP	BONITA SPRINGS, FLA. 34134	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	26920 MONTEGO POINTE CT. #101	
CITY-ST-ZIP	BONITA SPRINGS, FLA. 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald R Jensen

3-19-02 941-992-0078

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

Date

Daytime Phone #

CR2E083 (9/01)