

2001 UNIFORM BUSINESS REPORT (UBR)

0028335 AF

DOCUMENT # L99000002378

1. Entity Name

JMBJ FLORIDA, L.C.

FILED

01 APR 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

514 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE FL 34985

Mailing Address

514 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-06998865

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

MCINTYRE, WILLIAM C P.A.

3561 S.W. CORPORATE PARKWAY
PALM CITY FL FL349-90

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

600004079046--5
-04/26/01--01010--012
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARR, JAMES B
514 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CARR, MICHAEL
P.O. BOX 280
CASSVILLE MO 65625

☐ Delete

TITLE
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STREET ADDRESS
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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 of 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/01

Date

(417) 847-2533

Daytime Phone #

CR2E083 (11/00)