

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90011 049 ****50.00

DOCUMENT # L99000002378

1. Entity Name

JMBJ FLORIDA, L.C.

Principal Place of Business

Mailing Address

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

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 PORT ST LUCIE FL 34985**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0699886**

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

7. Name and Address of New Registered Agent

**MCINTYRE, WILLIAM C P.A.
 3501 S.W. CORPORATE PARKWAY
 PALM CITY FL 34990
 3501**

Name

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

3501 SW Corporate Pkwy

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)