

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003598**

1. Entity Name  
**J AND B HOME BUYERS, LLC**

Principal Place of Business  
**3969 CONGRESS PARKWAY  
RICHFIELD OH 44286-9745**

Mailing Address  
**P.O. BOX 150157  
CAPE CORAL FL 33915**

**FILED**

**2001 MAY -2 AM 10:13**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**719 SW. 6<sup>th</sup> ST.**

Suite, Apt. #, etc.

3. Mailing Address

**719 SW 6<sup>th</sup> ST.**

Suite, Apt. #, etc.

City & State

**CAPE CORAL, FL.**

City & State

**CAPE CORAL, FL.**

Zip

**33991**

Country

**USA.**

Zip

**33991**

Country

**USA.**

4. FEI Number

**58-2479354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAMEY, BRADLEY J  
719 S.W. 6TH ST.  
CAPE CORAL FL 33991**

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]*

**MEMBER**

**BRADLEY J. RAMEY**

**4/9/01**

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

(NOT 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAMEY, JAMES W  
3969 CONGRESS PARKWAY  
RICHFIELD OH 44286-9745** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAMEY, BRAD  
3969 CONGRESS PARKWAY  
RICHFIELD OH 44286-9745** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAMEY, BRAD  
719 SW. 6<sup>th</sup> ST.  
CAPE CORAL, FL. 33991** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**0000004335830-01** ☐ Change ☐ Addition  
**-05/31/01--01046--020**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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

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]*

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

**BRADLEY J. RAMEY**

Date

**4/9/01**

**941-573-5216**

Daytime Phone #

CR2E083 (11/00)