

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010875 AF

**DOCUMENT # L99000004787**  
 1. Entity Name  
**J & M PROPERTIES OF APOLLO BEACH, LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 14 PM 2:23

Principal Place of Business Mailing Address  
 907 BUNKER VIEW DRIVE 907 BUNKER VIEW DRIVE  
 APOLLO BEACH FL 33572 APOLLO BEACH FL 33572-2813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3604537** Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FISHER, LOUIS**  
**907 BUNKER VIEW DRIVE**  
**APOLLO BEACH FL 33572**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	MGRM FISHER, LOUIS	<input type="checkbox"/> Delete
STREET ADDRESS	907 BUNKER VIEW DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE NAME	MGRM FISHER, LINDA DARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	907 BUNKER VIEW DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100003148721--7	
CITY-ST-ZIP	-02/28/00--01016--001	
	****\$50.00 ****\$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

*mf 2/23/00*

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 Date: 2-3-00 Daytime Phone #: (813) 641-3353  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)