# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006825

1. Entity Name
J&L ASSET MANAGEMENT, LLC

FILED
01 FEB -8 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 2611 SUNSET DRIVE<br>TAMPA FL 33629 | 2611 SUNSET DRIVE<br>TAMPA FL 33629-5340 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. P.O. Box 7697 |
| City & State | City & State Tampa Fl |
| Zip / Country | Zip 33601 / Country Hillsborough |

4. FEI Number 59-3633376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VARSAMES, LOUIS J
2611 SUNSET DRIVE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name Louis J. Varsames
Street Address (P.O. Box Number is Not Acceptable) ~~P.O. Box 3697~~ 7311 Pelican Island Drive
City Tampa FL 33634

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] 10/25/00
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

| 9. MANAGING MEMBERS / MEMBERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Jim Garvey<br>18405 Gunn St S.W.<br>Lutz, FL 33549 MBR | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>100003757711--0<br>-02/23/01--01033--011<br>******5.00 ******5.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Lou Varsames<br>7311 Pelican Island Dr MBR<br>Tampa, FL 33634 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>100003757711--0<br>-02/23/01--01033--012<br>*****50.00 *****50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>100003757711--0<br>-02/23/01--01033--013<br>****150.00 ****150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>REINSTATEMENT 00-01 SW |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (9/99)

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 REQUIRED 9-13-00 813-288-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #