

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE:
AND
FILED

01 MAY -2 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008974

1. Entity Name

J & D CONSTRUCTION CONSULTING, L.L.C.

Principal Place of Business

Mailing Address

2201 52ND TERRACE S.W.
NAPLES FL 34116

2201 52ND TERRACE S.W.
NAPLES FL 34116

2. Principal Place of Business

1311 31 St. S.W.

3. Mailing Address

1311 31 St. S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES

City & State

NAPLES

Zip

34117

Country

Collier

Zip

34117

Country

Collier

4. FEI Number

59-3683055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURMAN, JEFF D

2201 52ND TERRACE S.W. 1311 31st SW
NAPLES FL 34116 34117

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.

(NO E: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

800004302288--0

-05/23/01--01060--015

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME FURMAN, JEFF D
STREET ADDRESS 2201 52ND TERRACE S.W.
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE MGRM
NAME JEFF FURMAN
STREET ADDRESS 1311 31 St. S.W.
CITY-ST-ZIP NAPLES, FL. 34117 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/23/01

941

290-7722

Date

Daytime Phone #

CR2E083 (11/00)