

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90005 040 ****50.00

DOCUMENT # L00000002643

1. Entity Name

1621 VENTURE, LLC

Principal Place of Business

9551 BAYMEADOWS ROAD
 STE 4
 JACKSONVILLE FL 32256

Mailing Address

9551 BAYMEADOWS ROAD
 STE 4
 JACKSONVILLE FL 32256

2. Principal Place of Business

ONE SAN JOSE PLACE
 Suite, Apt. #, etc.
 SUITE 7

3. Mailing Address

ONE SAN JOSE PLACE
 Suite, Apt. #, etc.
 SUITE 7

City & State
 JACKSONVILLE, FL

City & State
 JACKSONVILLE, FL

Zip
 32257

Country
 USA

Zip
 32257

Country
 USA

4. FEI Number 59-3632577

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, V. HAWLEY JR.
 ONE SAN JOSE PL. #7
 JACKSONVILLE FL 32257

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, 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
 NAME STOKES, E. CHESTER JR.
 STREET ADDRESS 9551 BAYMEADOWS RD, STE 4
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VS ☐ Delete
 NAME SMITH, V. HAWLEY JR.
 STREET ADDRESS ONE SAN JOSE PL. #7
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4315 PABLO OAKS COURT, SUITE 1
 CITY-ST-ZIP JACKSONVILLE, FL 32224

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

Mary Louise Dargatzis, Agent

4/19/02

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

Date

Daytime Phone #

CR2E083 (9/01)