

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0016193  
AF

01 APR 27 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000003240  
**1. Entity Name**  
 J.P. CONSULTING ASSOCIATES, L.L.C.

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>3606 SOUTH OCEAN BLVD. #703<br>HIGHLAND BEACH FL 33487 | <b>Mailing Address</b><br>3606 SOUTH OCEAN BLVD. #703<br>HIGHLAND BEACH FL 33487 |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |
| <b>City &amp; State</b>                                      | <b>City &amp; State</b>                          |

|   |   |
|---|---|
| <b>4. FEI Number</b><br>65-0993390  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> | <b>\$5.00 Additional Fee Required</b>                         |

**6. Name and Address of Current Registered Agent**  
 HORNAK, J P  
 3606 SOUTH OCEAN BLVD. #703  
 HIGHLAND BEACH FL 33487

**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** \_\_\_\_\_

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

| 9. MANAGING MEMBERS/MEMBERS                    |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>PRESIDENT<br>J.P. HORNAK<br>3606 S. OCEAN BLVD #703<br>HIGHLAND BEACH FL 33487 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>800004194128--9<br>-05/10/01--01111--018<br>*****55.00 *****55.00              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:** J.P. Hornak **J.P. HORNAK** **4/17/01** **5612718316**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)