

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

0018208

**DOCUMENT # L000Q0012103**

1. Entity Name  
**JEFFERSON COUNTY TRANSPORTATION SERVICES, L.L.C.**

04-22-2002 90233 020 \*\*\*\*50.00

Principal Place of Business  
**2626 WEST WATROUS AVE.**  
**TAMPA FL 33629**

Mailing Address  
**C/O GOLD. RESNICK & FICARROTTA. P.A.**  
**704 W. BAY ST.**  
**TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2316-B First Ave South**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Birmingham AL**

Zip  
**35233**

City & State  
 Country

4. FEI Number **59-3484795**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOLD, AARON J**  
**704 W. BAY ST.**  
**TAMPA FL 33606**

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**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CAMBAS, CHRISTOPHER J</b> <b>2626 WEST WATROUS AVE.</b> <b>TAMPA FL 33629</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>NAC BIRMINGHAM, INC.</b> <b>2939 ELYSIUM WAY</b> <b>CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>RPR BIRMINGHAM, INC.</b> <b>2316-B FIRST AVE. SOUTH</b> <b>BIRMINGHAM AL 35233</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>MGZ BIRMINGHAM, INC.</b> <b>3601 N. PROSPECT DRIVE</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>J. CAMP ENTERPRISES, INC.</b> <b>5931 ELLSWORTH AVE.</b> <b>PITTSBURGH PA 15206</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>ALABAMA, INC.</b> <b>1223 KINGSBRIDGE ROAD</b> <b>HOUSTON TX 77073</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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:** Roberto Rodriguez **Mgr** 4/22/02 (205)252-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)