

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90046 027 \*\*\*\*50.00

**DOCUMENT # L00000003124**

1. Entity Name

**JJG PROPERTY, L.L.C.**



Principal Place of Business  
**311 SOUTH FLORIDA AVENUE  
LAKELAND FL 33801**

Mailing Address  
**P.O. BOX 24838  
LAKELAND FL 33802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3641865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

**TUCKER, JESS G  
311 SOUTH FLORIDA AVE  
LAKELAND FL 33801**

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, JAMES I III</b>	
STREET ADDRESS	<b>311 S. FLORIDA AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>TUCKER, JESS G</b>	
STREET ADDRESS	<b>311 S. FLORIDA AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, GERALD L</b>	
STREET ADDRESS	<b>311 S. FLORIDA AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

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

Date

Daytime Phone #

**SIGNATURE REQUIRED**  
**JESS G TUCKER** 3/17/03

CP2E083 (10/02)