

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 027 *****50.00

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DOCUMENT # L00000003952

1. Entity Name

JONICK PROPERTIES LLC

Principal Place of Business

**6029 MEMORIAL HWAY
TAMPA FL 33615**

Mailing Address

**6029 MEMORIAL HWAY
TAMPA FL 33615**

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

59-3638021

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

**BOND, R. WALTER JR
6029 MEMORIAL HWAY
TAMPA FL 33634**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM HIRSCHFELD, JASON 7105 PELICAN ISLAND DR. TAMPA FL 33634			
MGRM DEVITO-VIVINO, MELISSA 8404 FLAGSTONE DRIVE TAMPA FL 33615			
MGRM HIRSCHFELD, JACLYN 7105 PELICAN ISLAND DR. TAMPA FL 33634			

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 #

CP2E083 (9/01)