

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90091 038 \*\*\*\*50.00

**DOCUMENT #** L00000004205

1. Entity Name

JFT INVESTMENTS, L.L.C.

Principal Place of Business

1610 TENNESSEE AVENUE  
LYNN HAVEN FL 32444

Mailing Address

1610 TENNESSEE AVENUE  
LYNN HAVEN FL 32444

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

59-3677589

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

TILLMAN, FRANK A  
1610 TENNESSEE AVENUE  
LYNN HAVEN FL 32444

Name **Jean F. TILLMAN**

Street Address (P.O. Box Number is Not Acceptable)

**1610 TENNESSEE Avenue**

City **Lynn HAVEN**

**FL**

Zip Code **32444**

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

*Jean F. Tillman*

**04/03/02**

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 **MGR** ☒ Delete  
NAME **TILLMAN, FRANK A**  
STREET ADDRESS **1610 TENNESSEE AVENUE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Jean F. TILLMAN**  
STREET ADDRESS **1610 TENNESSEE Avenue**  
CITY-ST-ZIP **Lynn HAVEN, FL. 32444**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

*Jean F. Tillman*

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

Date

Daytime Phone #

**04/03/03**

CR2E083 (9/01)