

001752 AF

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005021

1. Entity Name  
JAYMARK, L.L.C.

FILED

01 JUN 13 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1924 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE FL 33304

Mailing Address  
1924 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 SE 6 ST

Suite, Apt. #, etc.

3. Mailing Address

3709 CEYLON DRIVE

Suite, Apt. #, etc.

City & State

FORT LAUD, FL

City & State

GULF BREEZE, FL

Zip

33301

Country

USA

Zip

32561

Country

USA

4. FEI Number

65-1026860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, BEN

1924 SUNRISE KEY BOULEVARD

FORT LAUDERDALE FL 33304

3709 CEYLON DRIVE

GULF BREEZE,

FL 32561

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WEAVER, BEN  
1924 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WEAVER, DIANE  
1924 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3709 CEYLON DRIVE  
GULF BREEZE, FL 32561 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3709 CEYLON DRIVE  
GULF BREEZE, FL 32561 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004422782-3  
-06/15/01-01073-013  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

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

Date

Daytime Phone #

5/15/01 296-9400

CR2E083 (11/00)