

2001 UNIFORM BUSINESS REPORT (UBR)

0025481 AI

DOCUMENT # L00000005588

1. Entity Name

JACKSON EQUIPMENT LEASING, L.L.C.

FILED
Apr 02, 2001 8:00 A.M
Secretary of State

Principal Place of Business

1120 EAST WISCONSIN AVE.
ORANGE CITY FL 32763

Mailing Address

PO BOX 740708
ORANGE CITY FL 32774-0708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3645875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUTRONA, JERRY M
1120 EAST WISCONSIN AVENUE
ORANGE CITY FL

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

500003994355--5

-04/12/01--01066--014

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Manager ☐ Delete
NAME Jerry Cutrona
STREET ADDRESS 1120 E Wisconsin Ave
CITY-ST-ZIP Orange City, FL 32763

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

TITLE Manager ☐ Delete
NAME Melinda E Cutrona
STREET ADDRESS 1120 East Wisconsin Ave
CITY-ST-ZIP Orange City, FL 32763

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

[Signature] JERRY CUTRONA 1/24/01 904-775-6320

CR2E083 (11/00)