

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90076 014 ****50.00

0059314

DOCUMENT # L00000007205

1. Entity Name

BRUCE JONES AUTO SALES, L.C.



Principal Place of Business

**513 89TH AVE
SAINT PETERSBURG FL 33702**

Mailing Address

**513 89TH AVE
SAINT PETERSBURG FL 33702**

2. Principal Place of Business

4410 Kingsport Road

3. Mailing Address

4410 Kingsport Road

~~State, Apt. #, etc.~~

Suite, Apt. #, etc.

City & State

Little River, SC

City & State

Little River, SC

Zip

Country

Zip

Country

4. FEI Number

59-3665119

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

**JONES, CAROLYNN
513 89TH AVE
SAINT PETERSBURG FL 33702**

Name
E. Chadwell

Street Address (P.O. Box Number is Not Acceptable)
301 Patica Road NE

City
St. Petersburg

FL

Zip Code
33702

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

E. Chadwell

4/24/03

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JONES, BRUCE K
513 89TH AVENUE N.
ST. PETERSBURG FL 33702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Bruce K. Jones
4410 Kingsport Road
Little River, SC 29566** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JONES, CAROLYNN
513 89TH AVENUE N.
ST PETERSBURG FL 33702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Carolynn Jones
4410 Kingsport Road
Little River, SC 29566** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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:

Carolynn Jones

4/24/03

843-281-2988

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

Date

Daytime Phone #

CR2E083 (10/02)