

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000008830

1. Entity Name
JARAM, L.L.C.

Principal Place of Business

201 KELSEY LANE
TAMPA FL 33619

Mailing Address

201 KELSEY LANE
TAMPA FL 33619

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

59-3659559

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~B&B CORPORATE SERVICES OF CENTRAL FLORIDA~~
~~300 NORTH ORANGE AVENUE, SUITE 1100~~
~~ORLANDO FL 32751~~

7. Name and Address of New Registered Agent

Name

W.J. Stanton, P.A.

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

200 S. Biscayne Blvd. Ste 3410

City

Miami, FL

FL

Zip Code

33131

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

W.J. Stanton, P.A. By: *[Signature]* State of Florida 4-25-01

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

500004218385--0

-05/15/01--01130--003

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE P. member ☐ Delete
NAME Patti Z. Pinkerton
STREET ADDRESS 7660-1 Phillips Highway
CITY-ST-ZIP Jacksonville FL 32256

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

TITLE Member ☐ Delete
NAME AJ MARCUM MANDT
STREET ADDRESS 201 Kelsey Lane
CITY-ST-ZIP Tampa FL 33619

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

TITLE member ☐ Delete
NAME John Forbes
STREET ADDRESS 9104 Cypress Green Drive
CITY-ST-ZIP Jacksonville, FL 32256

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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]* AJ MANDT member 4-16-01 813-626-9430

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

Date

Daytime Phone #

CR2E083 (11/00)