

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90136 005 \*\*\*\*50.00

975193



DO NOT WRITE IN THIS SPACE

DOCUMENT # **LO0000008907**

1. Entity Name  
**JAKANDI PROPERTIES LLC**

Principal Place of Business

**390 PINELLAS BAYWAY, UNIT E  
 TIERRA VERDE FL 33715**

Mailing Address

**390 PINELLAS BAYWAY, UNIT E  
 TIERRA VERDE FL 33715**

2. Principal Place of Business

**4020 Belle Vista Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**4020 Belle Vista Dr**  
 Suite, Apt. #, etc.

City & State  
**St. Pete Beach, FL**  
 Zip **33706** Country

City & State  
**St. Pete Beach, FL**  
 Zip **33706** Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MARKEY & FOWLER, P.A.  
 410 W. MERRITT AVENUE  
 MERRITT ISLAND FL 32953**

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 **Kathleen E. Hickson** **Kathleen E. Hickson**

**8-14-02**

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 September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **HICKSON, DAVID W**  
 STREET ADDRESS **390 PINELLAS BAYWAY, UNIT E**  
 CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **MGR** ☐ Delete  
 NAME **HICKSON, KATHLEEN E**  
 STREET ADDRESS **390 PINELLAS BAYWAY, UNIT E**  
 CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Hickson, David** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4020 Belle Vista Dr**  
 CITY-ST-ZIP **St. Pete Beach, FL 33706**

TITLE **Hickson, Kathleen** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4020 Belle Vista Dr**  
 CITY-ST-ZIP **St. Pete Beach, FL 33706**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **Kathleen E. Hickson**

**Kathleen E. Hickson**

**8-14-02** **727-360-7740**

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

Date

Daytime Phone #

CR2E083 (5/01)