

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90016 047 \*\*\*\*\*50.00

**DOCUMENT # L00000009317**

1. Entity Name  
**JUICE SOURCE, L.L.C.**



Principal Place of Business  
**2090 BARTON HWY  
LAKELAND FL 33802**

Mailing Address  
**PO BOX 1614  
LAKELAND FL 33802**

2. Principal Place of Business  
**2090 BARTOW ROAD**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Suite, Apt. #, etc.

City & State

Zip  
**33801**

Country

Zip

Country

4. FEI Number **59-3659424**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALPIN, DAVID F  
2090 BARTON HWY  
LAKELAND FL 33802**

7. Name and Address of New Registered Agent

Name **APLIN, DAVID F.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2090 BARTOW ROAD**  
City **FL** Zip Code **33801**

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 *David F. Alpin*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-27-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **APLIN, DAVID F**  
STREET ADDRESS **2090 BARTON HWY**  
CITY-ST-ZIP **LAKELAND FL 33802**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition  
NAME **APLIN, DAVID F.**  
STREET ADDRESS **2090 BARTOW ROAD**  
CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE ☐ Change ☐ Addition  
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: *David F. Alpin*

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

**2/5/03**

Date

**(813) 446-2654**

Daytime Phone #

CR2E083 (10/02)