

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90131 036 ****50.00

DOCUMENT # L00000009565

1. Entity Name

JAX KNIGHTS, L.C.

Principal Place of Business

3105 VICTORIA PARK RD.
 JACKSONVILLE FL 32216

Mailing Address

3105 VICTORIA PARK RD.
 JACKSONVILLE FL 32216

2. Principal Place of Business

8052 CARLOTTA RD S

Suite, Apt. #, etc.

3. Mailing Address

8052 CARLOTTA RD S

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32211

Country

USA

Zip

32211

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3664002

Applied For

Not Applicable

5. Certificate of Status Desired

☐ ☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, JOSEPH A
 4204 BAYMEADOWS RD.
 JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

LIVINGSTON JOSEPH A.

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

8847 SAN JOSE BLVD

City

JACKSONVILLE

FL

Zip Code

32217

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 HASKIC, AMIR
 3105 VICTORIA PARK RD
 JACKSONVILLE FL 32216

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 8052 CARLOTTA RD SOUTH
 JACKSONVILLE, FL 32211

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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

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TITLE
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 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:

SIGNATURE REQUIRED: AMIR HASKIC

4/15/02

904 710 3340

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

Date

Daytime Phone #

CR2E083 (9/01)