

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90020 037 \*\*\*\*\*50.00

0076193

**DOCUMENT # L00000010039**

1. Entity Name

**J.F. MARTIN LLC**



Principal Place of Business

**1011 LAKE DAVIS DRIVE  
ORLANDO FL 32806**

Mailing Address

**1011 LAKE DAVIS DRIVE  
ORLANDO FL 32806**

2. Principal Place of Business

**109 CEDAR POINT LANE**

3. Mailing Address

**109 CEDAR POINT LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Longwood, Florida**

City & State

**Longwood, Florida**

Zip

**32779**

Country

Zip

**32779**

Country

4. FEI Number

**NOT APPLICABLE**

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

**ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVE., SUITE 201  
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MARTIN, ELIZABETH G**  
STREET ADDRESS **1011 LAKE DAVIS DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **MGR** ☐ Delete  
NAME **MARTIN, SHERI E**  
STREET ADDRESS **1011 LAKE DAVIS DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32806**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **109 CEDAR POINT LANE**  
CITY-ST-ZIP **Longwood, Florida 32779**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **109 CEDAR POINT LANE**  
CITY-ST-ZIP **Longwood, Florida 32779**

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: **Elizabeth G. Martin** **4/9/03** **407-869-9129**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)