

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010542

JAW PARTNERS, L.L.C.

FILED

01 FEB 15 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1503 WEST SMITH STREET  
ORLANDO FL 32854

Mailing Address  
1503 WEST SMITH STREET  
ORLANDO FL 32854

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

59-366-591-6

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee, Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, JAMES K  
1503 WEST SMITH STREET  
ORLANDO FL 32854

Name

JAMES R. WOOD

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 JAMES R. WOOD

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

(NOTE: Registered Agent signature required when reinstating)

2/13/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PARTNER  
NAME JAMES K. WOOD  
STREET ADDRESS 1503 W. SMITH STREET  
CITY-ST-ZIP ORLANDO, FL 32854

☐ Change

☐ Addition

TITLE PARTNER  
NAME ANDRE B. PRAWOTO  
STREET ADDRESS 1503 W. SMITH STREET  
CITY-ST-ZIP ORLANDO, FL 32854

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

100003707851-5

02/16/01 01116-022

\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

JAMES R. WOOD

2/13/01

DATE

407.245.8330

Daytime Phone #

0005681 AF

CR2E083 (11/00)