

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90166 026 \*\*\*\*50.00

**DOCUMENT # L00000010965**

1. Entity Name

**J.O.T., L.L.C.**

Principal Place of Business

**4 SAINT JAMES AVE.  
LAKE CITY FL 32025**

Mailing Address

**4 SAINT JAMES AVE.  
LAKE CITY FL 32025**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3676328**

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

**LESTOCK, JAMES J  
4 SAINT JAMES AVE.  
LAKE CITY FL 32025**

## 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

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 ☐ Delete

**P  
LESTOCK, JAMES J  
4 SAINT JAMES AVE.  
LAKE CITY FL 32025-6525**

TITLE ☐ Delete

**MGR  
BAYNARD, OWEN F  
PO BOX 1535  
CHIEFLAND FL 32626**

TITLE ☐ Delete

**MGR  
HARRINGTON, THOMAS D  
PO BOX 1341  
CHIEFLAND FL 32644**

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP

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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:** *James J Lestock* **SIGNATURE REQUIRED** **JAMES J LESTOCK** **2-1-02** **386-755-1861**  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #

CR2E083 (9/01)