

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90020 015 \*\*\*\*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

**1644 SW SAINT JAMES CT.**

3. Mailing Address

**1644 SW SAINT JAMES CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE CITY, FL**

City & State

**LAKE CITY, FL**

Zip

**32025**

Country

**USA**

Zip

**32025**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3676328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fees Required

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 **LESTOCK, JAMES J.**

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

**1644 SW SAINT JAMES CT.**

City **LAKE CITY**

**FL**

Zip Code **32025**

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 **James J. Lestock**

(NOTE: Registered Agent signature required when reinstating)

**2-15-03**

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 **P**  
NAME **LESTOCK, JAMES J**  
STREET ADDRESS **4 SAINT JAMES AVE.**  
CITY-ST-ZIP **LAKE CITY FL 32025-6525**  
☒ Delete  
**ERROR - DO NOT DELETE ADDRESS CHANGE ONLY**

TITLE **MGR**  
NAME **BAYNARD, OWEN F**  
STREET ADDRESS **PO BOX 1535**  
CITY-ST-ZIP **CHIEFLAND FL 32626**  
☐ Delete

TITLE **MGR**  
NAME **HARRINGTON, THOMAS D**  
STREET ADDRESS **PO BOX 1341**  
CITY-ST-ZIP **CHIEFLAND FL 32644**  
☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP   
☐ Delete

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NAME   
STREET ADDRESS   
CITY-ST-ZIP   
☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP   
☐ Delete

10. ADDITIONS/CHANGES

TITLE **P**  
NAME **LESTOCK, JAMES J.**  
STREET ADDRESS **1644 SW SAINT JAMES CT.**  
CITY-ST-ZIP **LAKE CITY, FL 32025**  
☒ Change ☐ Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP   
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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: **James J. Lestock** **James J LESTOCK** **2-15-03** **386-755-1860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)