

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012075

DOCUMENT # L00000011497

1. Entity Name  
**JAMIE HOLDING COMPANY, LLC**

**FILED**

**2002 NOV 27 AM 9: 58**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**148 MARCDALE BLVD.  
INDIAN ROCKS BEACH FL 33785**

Mailing Address  
**148 MARCDALE BLVD.  
INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3587193**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**YADLEY, GREGORY C  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602**

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 Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LEZDEY, JARETT</b>	
STREET ADDRESS	<b>148 MARCDALE BLVD.</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LEZDEY, JOHN</b>	
STREET ADDRESS	<b>731 QUAIL KEEP DRIVE</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR.FL. 34695-4411</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LEZDEY, NOREEN</b>	
STREET ADDRESS	<b>731 QUAIL KEEP DRIVE</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR DRIVE FL 34695-4411</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LEZDEY, DARREN</b>	
STREET ADDRESS	<b>148 MARCDALE BLVD.</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**300009245033  
11/27/02--01093--004 \*\*55.00**

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: Jarett Lezdey DATE: 11/20/02 DAYTIME PHONE #: 727-534-0633

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

CR2E083 (4/02)