

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90229 012 \*\*\*\*50.00

**DOCUMENT # L00000012105**

1. Entity Name

**JEFFERSON COUNTY YELLOW CAB, L.L.C.**

Principal Place of Business

~~2026 WEST WATROUS AVE.~~  
~~TAMPA FL 33629~~

Mailing Address

C/O GOLD, RESNICK & FIGARROTTA, P.A.  
 704 W. BAY ST.  
 TAMPA FL 33606

2. Principal Place of Business

**2316-B First Ave South**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Birmingham AL**

City & State

Zip

**35233**

Country

Country

4. FEI Number

**59-3684796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GOLD, AARON J**  
**704 W. BAY ST.**  
**TAMPA FL 33606**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CAMBAS, CHRISTOPHER J</b> <b>2626 WEST WATROUS AVE.</b> <b>TAMPA FL 33629</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CJC BIRMINGHAM, INC.,</b> <b>2626 WEST WATROUS AVE.</b> <b>TAMPA FL 33629</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>RPR BIRMINGHAM, INC.</b> <b>2316-B FIRST AVE., SOUTH</b> <b>BIRMINGHAM AL 35233</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>MGZ BIRMINGHAM, INC.</b> <b>3601 N. PROSPECT DR.</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>J. CAMP ENTERPRISES, INC.</b> <b>5931 ELLSWORTH AVE.</b> <b>PITTSBURGH PA 15206</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>ALABAMA, INC.</b> <b>1223 KINGSBRIDGE RD.</b> <b>HOUSTON TX 77073</b>	<input type="checkbox"/> Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

CR2E083 (9/01)