

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90185 028 \*\*\*\*50.00

**DOCUMENT # L00000012319**

1. Entity Name

**J&P ENTERPRISES OF ST. PETERSBURG, LLC**



Principal Place of Business

**636 QUINTANA PLACE NORTHEAST  
ST PETERSBURG FL 33703**

Mailing Address

**636 QUINTANA PLACE NORTHEAST  
ST PETERSBURG FL 33703**

2. Principal Place of Business

**7942 3rd AVE SOUTH**

Suite, Apt. #, etc.

3. Mailing Address

**7942 3rd AVE SOUTH**

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG FL**

City & State

**ST. PETERSBURG FL**

Zip

**33707**

Country

**FLORIDA**

Zip

**33707**

Country

**FLORIDA**

4. FEI Number

**59-3687094**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NASH, JOHN C  
636 QUINTANA PLACE NORTHEAST  
ST PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name

**NASH JOHN C**

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

**7942 3rd AVE SOUTH**

City

**ST. PETERSBURG**

FL

Zip Code

**33707**

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

**04-27-03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **NASH, JOHN C**  
CITY-ST-ZIP **636 QUINTANA PLACE NORTHEAST  
ST PETERSBURG FL 33703**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **LAVOIE, PETER J**  
CITY-ST-ZIP **636 QUINTANA PLACE NORTHEAST  
ST PETERSBURG FL 33703**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

**04-27-03**

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

Date

Daytime Phone #

CR2E083 (10/02)