

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 90088 008 ****50.00

DOCUMENT # L00000012732

1. Entity Name
CROSS JAX, LLC



Principal Place of Business
**189 SAN JUAN DRIVE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**189 SAN JUAN DRIVE
PONTE VEDRA BEACH FL 32082**

44002011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3703169**

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

**PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE FL 32250**

AS IS

7. Name and Address of New Registered Agent

Name: *James A. West*
Street Address (P.O. Box Number is Not Acceptable): *1022 LYNN DR*
City: *Waycross, GA* Zip Code: *31503*

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]*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **STOUDEMIRE, JOYCE B**
STREET ADDRESS **189 SAN JUAN DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **MGRM** ☐ Delete
NAME **STOUDEMIRE, CARL E III**
STREET ADDRESS **189 SAN JUAN DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **MGRM** ☐ Delete
NAME **NORWOOD AND JENLEE WEST FAMILY TRUST**
STREET ADDRESS **1022 LYNN DRIVE**
CITY-ST-ZIP **WAYCROSS GA 31503**

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
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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

4/22/03 *912-285-1945*

CR2E083 (10/02)