

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90011 008 \*\*\*\*50.00

**DOCUMENT # L01000002588**

1. Entity Name  
**THE JASZ GROUP, L.L.C.**



Principal Place of Business  
**4222 BAY VIEW DRIVE  
FERNANDINA BEACH FL 32034**

Mailing Address  
**4222 BAY VIEW DRIVE  
FERNANDINA BEACH FL 32034**

**55026509**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3699590**

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

**JEANNE COOK WARD  
422 BAY VIEW DRIVE  
FERNANDINA FL 32034**

7. Name and Address of New Registered Agent

Name **Jeanne Cook Ward**  
Street Address (P.O. Box Number Is Not Acceptable)  
**96080 Bay View Dr.**  
City **Fernandina Beach** FL Zip Code **32034**

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

*Jeanne Cook Ward*

**3-3103**

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **JEANNE COOK WARD, JEANNE COOK**  
STREET ADDRESS **422 BAY VIEW DRIVE**  
CITY-ST-ZIP **FERNANDINA FL 32034**

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10. ADDITIONS/CHANGES

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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**

**4-14-03**

**904 448354**

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

Date

Daytime Phone #

CR2E083 (10/02)