

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 003 ****50.00

DOCUMENT # L01000002892

1. Entity Name

ST. JAMES PLACE SOUTH, LLC

Principal Place of Business

~~4540 SOUTHSIDE BLVD.~~
~~SUITE 302~~
~~JACKSONVILLE FL 32216~~

Mailing Address

~~4540 SOUTHSIDE BLVD.~~
~~SUITE 302~~
~~JACKSONVILLE FL 32216~~

2. Principal Place of Business

4315 PABLO OAKS COURT

Suite, Apt. #, etc.
SUITE 1

City & State
JACKSONVILLE, FL

Zip
32224-9667

Country
USA

3. Mailing Address

4315 PABLO OAKS COURT

Suite, Apt. #, etc.
SUITE 1

City & State
JACKSONVILLE, FL

Zip
32224-9667

Country
USA

4. FEI Number

59-3701449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~HURST CHRISTOPHER J~~
~~4540 SOUTHSIDE BLVD.~~
~~SUITE 302~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name
STOKES, E. CHESTER, JR.

Street Address (P.O. Box Number is Not Acceptable)
4315 PABLO OAKS COURT, SUITE 1

City
JACKSONVILLE **FL** Zip Code
32224

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 *E. Chester Stokes, Jr.* **E. Chester Stokes, Jr.** **4/17/02**

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

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

10. ADDITIONS/CHANGES

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

E. Chester Stokes, Jr. **Signature Required**

E. Chester Stokes, Jr.

4/17/02

904/482-1100

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

Date

Daytime Phone #

CR2E083 (9/01)