

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-24-2002 90036 029 ****50.00

DOCUMENT # L01000006428

1. Entity Name

JASPA PROPERTIES, LLC

Principal Place of Business

**707 WEST END CRESCENT SOUTH
 LAKELAND FL 33803**

Mailing Address

**707 WEST END CRESCENT SOUTH
 LAKELAND FL 33803**

23798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3712390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HALLOCK, DAVID D JR.
 ONE LAKE MORTON DRIVE
 LAKELAND FL 33801**

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	PAUL B. COLLE	
STREET ADDRESS	707 W. END CRESCENT S.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JASON C. HAACK	
STREET ADDRESS	3115 S. HILLTOP AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JASON HAACK	
STREET ADDRESS	3115 S. HILLTOP AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JASON C. HAACK	
STREET ADDRESS	3115 HILLTOP AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	PAUL B. COLLE	
STREET ADDRESS	707 W. END CRESCENT S.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	JASON C. HAACK	
STREET ADDRESS	3115 HILLTOP AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	

10. ADDITIONS/CHANGES

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

REQUIRED

3/9/2002

(813) 680-1954

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

Date

Daytime Phone #

CR2E083 (9/01)