

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90009 016 ****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**

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 **59-3712390**

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

**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. 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

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

**P
NAME
STREET ADDRESS
CITY-ST-ZIP
COLEE, PAUL B
707 W. END CRESCENT S
LAKELAND FL 33803**

TITLE ☐ Delete

**VPST
NAME
STREET ADDRESS
CITY-ST-ZIP
HAACK, JASON
3115 S HILLTOP AVE
LAKELAND FL 33803**

TITLE ☐ Delete

**MGRM
NAME
STREET ADDRESS
CITY-ST-ZIP
HAACK, JASON
3115 S HILLTOP AVE
LAKELAND FL 33803**

TITLE ☐ Delete

**MGRM
NAME
STREET ADDRESS
CITY-ST-ZIP
COLEE, PAUL B
707 W. END CRESCENT S
LAKELAND FL 33803**

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
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CITY-ST-ZIP**

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

7/9/2003

(867) 712-6425

CR2E083 (10/02)