2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100007360

1. Entity Name

SIGNATURE:

JUDITH GAP LANDS, LLC



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90004 018 ****50.00

Date

Daytime Phone #

			COO WE THE	
Principal Place of Business 3185 THOMAS DR. BONIFAY FL 32425-4239		Mailing Address 3185 THOMAS DR. BONIFAY FL 32425-4239		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		TO CHECK HERE IS MAKING CHANGES
City & State		Ohi P. Ossa		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3717726 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				7. Name and Address of New Registered Agent
Jernigan, Joseph H Jr. 3185 Thomas Dr. Bonifay Fl 32425-4239			Street Address	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligat	named entity submits this statement for ions of registered agent. Sgnature, typed or printed name of registered agent a		registered office or regist E: Registered Agent signature requir	stered agent, or both, in the State of Florida. I am familiar with, and accept uired when reinstating)
= .		Make Check Payabl Due	DW!!! FEE IS \$50.00 e to Florida Departm e By May 1, 2003	nent of State
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JERNIGAN, JOSEPH H 31385 THOMAS DR BONIFAY FL 32425	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sevin Al VE SE IES	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		Delete	TITLENAME	Change Addition
STREET ADDRESS - CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated (ertify that the information supplied with on this report is true and accurate and t pility company or the receiver or trustee	hat my signa t ure shal ! have ti	he same legal effect as if i	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.