

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90102 012 ****50.00

DOCUMENT # L01000008372

1. Entity Name
JABEZ PROPERTIES LLC



Principal Place of Business

**14814 N FLORIDA AVE.
TAMPA FL 33613**

Mailing Address

**14814 N FLORIDA AVE.
TAMPA FL 33613**

2. Principal Place of Business

2830 Sherry Brook Ln.
Suite, Apt. #, etc.

3. Mailing Address

2830 Sherry Brook Ln.
Suite, Apt. #, etc.

City & State

Lutz, FL.

City & State

Lutz FL.

Zip

Country

33559 USA

Zip

Country

33559 USA

4. FEI Number **59-3721964**

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

7. Name and Address of New Registered Agent

HARRIS, WILLIAM J

2830 Sherry Brook Ln.
Lutz, FL. 33559

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

2-7-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
NAME **HARRIS, WILLIAM M**
STREET ADDRESS **2830 SHERRY BROVIC LANE**
CITY-ST-ZIP **LUTZ FL 33559**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **BRANNON, FLETHCER O**
STREET ADDRESS **9328 FAIRWAY LAKES CT.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

2-7-03

813-948-7525

CR2E083 (10/02)