## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009581

Entity Name: CALAMITY JAINE, LLC

May 09, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

400 NORTH TAMPA STREET 4436 WEST KENNEDY BLVD. **SUITE 2300** TAMPA, FL 33609

TAMPA, FL 33602

**Current Mailing Address: New Mailing Address:** 

400 NORTH TAMPA STREET 4436 WEST KENNEDY BLVD. TAMPA, FL 33609 **SUITE 2300** US

TAMPA, FL 33602

FEI Number: 59-3728524 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, DAVID W RODRIGUEZ, KERRI T 400 NORTH TAMPA STREET 4436 WEST KENNEDY BLVD. TAMPA, FL 33609 **SUITE 2300** TAMPA, FL 33602

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: KERRI T. RODRIGUEZ 05/09/2002

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:** 

() Delete ( ) Change (X) Addition RODRIGUEZ, KERRI T Name: Name: Address: Address: 4436 WEST KENNEDY BLVD. City-St-Zip: City-St-Zip: TAMPA, FL 33609 US

Title: Title: ( ) Change (X) Addition ( ) Delete RODRIGUEZ, REINALDO F Name: Name: Address: Address: 4436 WEST KENNEDY BLVD. City-St-Zip: City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KERRI T. RODRIGUEZ 05/09/2002