

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90383 004 ***150.00

DOCUMENT # L01000011176

1. Entity Name

JEFFERSON TITLE, LLC

Principal Place of Business

**6750 FORUM DRIVE, STE 314A
 ORLANDO FL 32821**

Mailing Address

**6750 FORUM DRIVE, STE 314A
 ORLANDO FL 32821**

2. Principal Place of Business

2442 SAND LAKE RD

Suite, Apt. #, etc.

3. Mailing Address

2442 SAND LAKE RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3733335

Applied For

Not Applicable

Zip

32809-9121

Country

USA

Zip

32809-9121

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PROFENNO, DAVID
 6750 FORUM DR., STE 314A
 ORLANDO FL 32821**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2442 SAND LAKE RD

City

ORLANDO

FL

Zip Code

32809-9121

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

4-17-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **PROFENNO, DAVID**
 STREET ADDRESS **6750 FORUM DR., STE 314A**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **MGR** ☒ Delete
 NAME **RODRIGUEZ, VERNY**
 STREET ADDRESS **6750 FORUM DR., STE 314A**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **MGR** ☐ Delete
 NAME **PROFENNO, JENNIFER**
 STREET ADDRESS **6750 FORUM DR., STE 314A**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **M** ☒ Change ☐ Addition
 NAME **PROFENNO, DAVID**
 STREET ADDRESS **2442 SAND LAKE RD**
 CITY-ST-ZIP **ORLANDO FL 32809-9121**

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

TITLE **M** ☐ Change ☐ Addition
 NAME **PROFENNO, JENNIFER**
 STREET ADDRESS **2442 SAND LAKE RD**
 CITY-ST-ZIP **ORLANDO FL 32809-9121**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED

4-17-02

407-447-7444

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

Date

Daytime Phone #

CR2E083 (9/01)