

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000017181**

1. Entity Name

JOTO RENTALS, L.L.C.

FILED

2002 OCT -3 AM 10:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

2120 SOUTH LAKEVIEW DR.
PANAMA CITY BEACH FL 32413

Mailing Address

2120 SOUTH LAKEVIEW DR.
PANAMA CITY BEACH FL 32413

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

59 453 2767

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J.
427 MCKENZIE AVE.
PANAMA CITY FL 32401Julie Ann Sombathy
434 Magnolia Avenue
Panama City, FL
32401

7. Name and Address of New Registered Agent

Name JASON P. OAKES

Street Address (P.O. Box Number is Not Acceptable)
2120 S. Lakeview Dr.Panama City Beach FL 32413
City 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)

9/6/02
DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR. JASON P. OAKES ☐ Delete
NAME
STREET ADDRESS 2120 S. Lakeview Dr.
CITY-ST-ZIP Panama City Beach, FL 32413TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(f), 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 60B, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)