

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90001 039 ****50.00

DOCUMENT # L01000017465

1. Entity Name

JERROLD K. MILSTED LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12620-3 BEACH BLVD.

Suite, Apt. #, etc.

385

City & State

JACKSONVILLE, FL

Zip

32246

Country

USA

3. Mailing Address

12620-3 BEACH BLVD.

Suite, Apt. #, etc.

385

City & State

JACKSONVILLE, FL

Zip

32246

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1144268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATE CREATIONS NETWORK

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

941 FOURTH STREET #200

City

MIAMI BEACH, FL

Zip Code

33139

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILSTED, JERROLD K.
12620-3 BEACH BLVD, #385
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Jerrold K. Milsted

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

6/26/03

Date

Daytime Phone #

CR2E083B (12/02)

attachment

10109203
#L01000017465

JERROLD K. MILSTED LLC
12620-3 Beach Boulevard, #385
Jacksonville, FL 32246
June 25, 2003

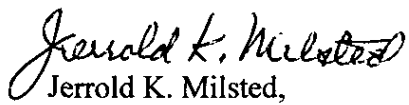
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Enclosed please find UBR for 2003 and check for \$50.00.

Late filing is due to change of address and failure of mail forwarding for the UBR.

Thank your for your consideration.

Sincerely,


Jerrold K. Milsted,
Manager,
JERROLD K. MILSTED, LLC

Encls: a/s