

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90032 017 ****55.00

DOCUMENT # L01000022301

1. Entity Name
JERGENZ, LLC



Principal Place of Business

6190 - 5TH STREET, S.W.
VERO BEACH FL 32968

Mailing Address

6190 - 5TH STREET, S.W.
VERO BEACH FL 32968

2. Principal Place of Business

16050 West Orange Ave

3. Mailing Address

16050 West Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce FL

City & State

Ft. Pierce FL

Zip

34945

Country

USA

Zip

34945

Country

USA

4. FEI Number 69-0004279

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JERKINS, W. THOMAS
6190 - 5TH STREET, S.W.
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name JERKINS, W. THOMAS (same)

Street Address (P.O. Box Number is Not Acceptable)
16050 West Orange Ave

City Ft. Pierce

FL

Zip Code 34945

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 W. Thomas Jenkins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 18, 2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JERKINS, W. THOMAS
STREET ADDRESS 6190 5TH STREET SW
CITY-ST-ZIP VERO BEACH FL 32968 ☐ Delete

TITLE MGR
NAME GENZ, MICHELLE C
STREET ADDRESS 6190 5TH STREET SW
CITY-ST-ZIP VERO BEACH FL 32968 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME JERKINS, W. THOMAS
STREET ADDRESS 16050 WEST ORANGE AVE
CITY-ST-ZIP FT PIERCE, FL 34945 ☒ Change ☐ Addition

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

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

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

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

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

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: W. Thomas Jenkins

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

March 18, 2003 (772) 473-9754

Date

Daytime Phone #

CR2E083 (10/02)