

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90132 024 ****50.00

DOCUMENT # L02000000054

1. Entity Name

JW PROPERTIES & INVESTMENTS, LLC



Principal Place of Business

**6751 NW 88TH LANE
CHIEFLAND FL 32626**

Mailing Address

**6751 NW 88TH LANE
CHIEFLAND FL 32626**

2. Principal Place of Business

6751 NW 88TH LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIEFLAND, FL

City & State

4. FEI Number **59-3760928**

Applied For

Not Applicable

Zip

32626

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, WOLFGANG H
6751 NW 88TH LANE
CHIEFLAND FL 32626**

Name

WOLFGANG H. SCHWARTZ

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

6751 NW 88TH LANE

City

CHIEFLAND

FL

Zip Code

32626

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHWARTZ, WOLFGANG H
6751 NW 88TH LANE
CHIEFLAND FL 32626** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCHWARTZ, WOLFGANG H ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHWARTZ, BOBBIE E
6751 NW 88TH LANE
CHIEFLAND FL 32626** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCHWARTZ, BOBBIE E ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STOLLENWERK, JOSEF A
5255 S ATLANTIC AVE
CHIEFLAND FL 32626** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STOLLENWERK, RENATA L
5255 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHWARTZ, TAYLOR
17310 NW 75TH AVE
TRENTON FL 32693** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCHWARTZ, TAYLOR D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Bobbie E. Schwartz

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

1-3-03

Date

(352) 490-6577

Daytime Phone #

CR2E083 (10/02)