

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90067 001 \*\*\*\*50.00

**DOCUMENT # L02000008967**

1. Entity Name

**JAX INVESTMENTS, LLC**



Principal Place of Business

Mailing Address

**3617 STONEFIELD DR.  
ORLANDO FL 32826**

**3617 STONEFIELD DR.  
ORLANDO FL 32826**

2. Principal Place of Business

3. Mailing Address

**3617 Stonefield Dr PMB 342 SUITE 212**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Orlando, FL**

**Orlando FL**

**Zip 32826**

**Country ORANGE**

**Zip 32765**

**Country SEMINOLE**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**75-3054-739**

☒ Applied For

☐ Not Applicable

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

Name

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

City

**FL**

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)

DATE

**Jennifer Isenman-Burgos, President 8-29-2003**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete  
NAME **Jennifer Isenman-Burgos**  
STREET ADDRESS **PMB 342 SUITE 212 4250 ALAFAYA TR.**  
CITY-ST-ZIP **ORLANDO FL 32765**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Jennifer Isenman-Burgos 8-29-2003 321-303-1606**

CR2E083 (4/03)