

FILED
May 08, 2003 8:00 am
Secretary of State

04-03-2003 90011 007 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

4/

4.

DOCUMENT # L02000009474

1. Entity Name

THE JASZ GROUP II, L.L.C.



Principal Place of Business

4222 BAY VIEW DR.
FERNANDINA BEACH FL 32034

Mailing Address

4222 BAY VIEW DR.
FERNANDINA BEACH FL 32034

55038983



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3661606

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, JEANNE COOK
4222 BAY VIEW DR.
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name Jeanne Cook Klard
Street Address (P.O. Box Number is Not Acceptable)
96080 Bay View Dr.
City Fernandina Beach FL Zip Code 32034

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-03

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	<u>Managing Member</u> <u>Ward Jeanne Cook</u> ☐ Delete <u>96080 Bay View Dr</u> <u>Fernandina Beach, FL 32034</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CPRE083 (10/02)

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]

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

Date

3-3-03

Daytime Phone #

904-491-8354