

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012157

1. Entity Name

JRT CONSULTANT, LLC



Principal Place of Business

3482 TIBET DRIVE  
GULF BREEZE FL 32563  
US

Mailing Address

3482 TIBET DRIVE  
GULF BREEZE FL 32563  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TERRELL, JAMES R SR  
3482 TIBET DR.  
GULF BREEZE FL 32563

4. FEI Number

05-0546556

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE PRINCIPAL  
NAME JAMES R. TERRELL SR.  
STREET ADDRESS 3482 TIBET DR.  
CITY-ST-ZIP GULF BREEZE, FL 32563  
☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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 #

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90019 016 \*\*\*\*\*50.00

55027772



☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)