

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90020 013 ****50.00

DOCUMENT # L02000012259

1. Entity Name

J.P. MANAGEMENT ASSOCIATES, L.L.C.



Principal Place of Business

**30950 BURLEIGH DR.
WESLEY CHAPEL FL 33543**

Mailing Address

**30950 BURLEIGH DR.
WESLEY CHAPEL FL 33543**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 6151

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON, FL

4. FEI Number

04-3667711

Applied For

Not Applicable

Zip

Country

Zip

Country

33508

US

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

**LANSKY, GLEN R
137 S. PARSONS AVE.
BRANDON FL 33511**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **OCKERMAN, MARY**
STREET ADDRESS **30950 BURLEIGH DR.**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

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

TITLE **MGR** ☐ Delete
NAME **ARREMAN, PETER**
STREET ADDRESS **30950 BURLEIGH DR.**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Mary Ockerman

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

1-31-03 813-748-4932

Date

Daytime Phone #

CP2E083 (10/02)