

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

02-26-2003 90032 040 ****50.00

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DOCUMENT # L02000014700

1. Entity Name

JBM PROPERTIES OF BREVARD, LLC



Principal Place of Business

405 PELICAN Key
MELBOURNE BEACH FL 32951

Mailing Address

405 PELICAN Key
MELBOURNE BEACH FL 32951

2. Principal Place of Business

Scott L. Gold, MD, LLC

3. Mailing Address

7630 N. Wickham Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne, FL

Zip

Country

Zip

32940

Country

USA

4. FEI Number

74-3048750

Applied For

Not Applicable

6. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 S. HICKORY STREET
STE. A
MELBOURNE FL 32901

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: Manager
NAME: Scott L. Gold
STREET ADDRESS: 7630 N. Wickham Rd #104
CITY-ST-ZIP: Melbourne, FL 32940

☐ Delete

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NAME:
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10. ADDITIONS/CHANGES

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

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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:

Signature of Scott L. Gold

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

2/22/03

Date

321-253-0880

Daytime Phone #

CR2E083 (10/02)