

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-16-2003 90039 023 ****50.00

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1. Entity Name
J & J HOME INVESTING, L.L.C.

Principal Place of Business
**6083 51ST AVENUE NORTH
ST PETERSBURG FL 33709**

Mailing Address
**6083 51ST AVENUE NORTH
ST PETERSBURG FL 33709**

2. Principal Place of Business

3. Mailing Address



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

47-0887550

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

7. Name and Address of New Registered Agent

**WHITFIELD, JEFF W
6083 51ST AVENUE NORTH
ST PETERSBURG FL 33709**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHITFIELD, JEFF W
6083 51ST AVENUE NORTH
ST PETERSBURG FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Secretary ☐ Change ☒ Addition
(same)
(addition of extra titles, only)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARTER, JOHN C
6083 51ST AVENUE NORTH
ST PETERSBURG FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President, Treasurer ☐ Change ☒ Addition
(same)
(addition of extra titles, only)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

JEFF W. Whitfield, 12 Apr 2003

**(727)
709-3452**

CR2E083 (10/02)