

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000023621

Entity Name: J.P.A. ENTERPRISES, LLC

FILED  
Jul 12, 2003  
Secretary of State

**Current Principal Place of Business:**

101 WASHINGTON AVE., SUITE 421  
OAKMONT, PA 15139

**New Principal Place of Business:**

1980 ERVING CIRCLE  
SUITE 11-107  
OCOEE,, FL 34761

**Current Mailing Address:**

101 WASHINGTON AVE., SUITE 421  
OAKMONT, PA 15139

**New Mailing Address:**

1980 ERVING CIRCLE  
SUITE 11-107  
OCOEE,, FL 34761

FEI Number: 14-1846118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PARKWAY, SUITE 300  
TAMPA, FL 336372087 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ARGENTIERI, PATRICIA A  
Address: 101 WASHINGTON AVE., SUITE 421  
City-St-Zip: OAKMONT, PA 15139

Title: MGRM ( ) Delete  
Name: ARGENTIERI, JOHN  
Address: 101 WASHINGTON AVE., SUITE 421  
City-St-Zip: OAKMONT, PA 15139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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: JOHN ARGENTIERI

MGRM

07/12/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date