

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90038 023 \*\*\*\*50.00

**DOCUMENT # L02000028701**

1. Entity Name

**JANSON & JANSON MANAGEMENT, L.L.C.**



Principal Place of Business

**4568 THIRD ST  
ST AUGUSTINE FL 32095**

Mailing Address

**4568 THIRD ST  
ST AUGUSTINE FL 32095**

2. Principal Place of Business

**2000 N. PONCE DE LEON BLVD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ST. AUGUSTINE, FLORIDA**

City & State

**32084**

City & State

Zip

Country

**ST. Johns**

Zip

Country

4. FEI Number

**33-1029834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOBSON, GEOFFREY B  
66 CUNA ST  
SUITE A  
ST AUGUSTINE FL 32084**

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 **MEM** ☒ Delete  
NAME **JANSON, RONALD D**  
STREET ADDRESS **4568 THIRD ST**  
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **MEM** ☐ Delete  
NAME **JANSON, DAVID B**  
STREET ADDRESS **4580 THIRD ST**  
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **OWNER** ☒ Change ☐ Addition  
NAME **JANSON, DAVID B**  
STREET ADDRESS **2000 N. PONCE DE LEON BLVD.**  
CITY-ST-ZIP **ST. AUG FLORIDA 32084**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

**DAVID B. JANSON**

**1-29-03**

**904-829-5378**

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

Date

Daytime Phone #

CR2E083 (10/02)