

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

04-29-2003 90024 021 \*\*\*\*\*50.00  
L02000029042

DOCUMENT # L02000029042

1. Entity Name  
**J & C REAL PROPERTY, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -8 AM 10:59

Principal Place of Business Mailing Address  
**127 11TH STREET EAST 127 11TH STREET EAST**  
**TIERRA VERDE FL 33715 TIERRA VERDE FL 33715**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1160680**

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

**SADORF, RICK W ESQ.**  
**698 FIRST AVE. NORTH**  
**SUITE 201**  
**ST. PETERSBURG FL 33701**

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 ~~MEMBER~~ **MGRM** ☐ Delete  
NAME **JAY D. PICINI**  
STREET ADDRESS **127 11TH ST E**  
CITY-ST-ZIP **TIERRA VERDE, FL 33715**

TITLE ~~MEMBER~~ **MGRM** ☐ Delete  
NAME **CLIFF DAVIS**  
STREET ADDRESS **7425 LEATHER LEAF ST**  
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

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 ☐ Change ☐ Addition  
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:

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

**3-1-03 727-578-2219**

Date

Daytime Phone #

CP2E083 (10/02)