## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033562

1. Entity Name

JACQUELINE R. MALTRY LLC



## FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90408 031 \*\*\*\*50.00

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2. Principal Place of Business
12374 9IST WAY N
Suite, Apt. #, etc.

3. Mailing Address
12374 9IST WAY N
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

FL

City & State LARGO FLORIDA City & State LARGO FLORIDA 4. FEI Number 48-1292565 | Applied For Not Applicable 

Zip 33113 | Country | 33113 | Country | 33113 | Country | 5. Certificate of Status Desired | Fee Required 

7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

THEQUELINE R. MALTRY

Street Address (P.O. Box Number is Not Acceptable)

12374 918T WAY N

City I APG O

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 COLONIER MALTRY CPA 4-17-2003

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

**DUE BY MAY 1** MANAGING MEMBERS/MANAGERS MGRIM CR2E083B (12/02) PRESIDENT TITLE TREGUELINE R. MALTRY NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO\_NOT\_WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: OCCAPULING B. MALLY DEGUELINER MAILRY 4-17-03 77-585-3559