

2001 UNIFORM BUSINESS REPORT (UBR)

0027900 AF

DOCUMENT # **L98000000996**

1. Entity Name

J5M INVESTMENTS, L.C.

FILED

01 FEB 12 AM 9:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1060 ROYAL FERN DRIVE
MELBOURNE FL 32940**

Mailing Address

**P.O. BOX 410999
MELBOURNE FL 32941**

2. Principal Place of Business

7640 N. Wickham Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 115

City & State

Melbourne, FL

City & State

4. FEI Number

59-3520444

Applied For

Not Applicable

Zip
32940

Country
US

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901**

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.

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 Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
IGO, MILES D
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HALEY, MYRA K
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HALEY, JOHN D
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. Box 410999
Melbourne, FL 32941** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. Box 410999
Melbourne, FL 32941** ☒ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

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: **John D. Haley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/08/01
Date

321 242-6210
Daytime Phone #

CR2E083 (11/00)