## **2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L98000001841 100 APR 29 AM 9: 32 1. Entity Name JAYZEE, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1221 13TH COURT, S.W. 1221 13TH COURT, S.W. LARGO FL 33770 LARGO FL 33770-4404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MOW City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEA, SUSANNA S Street Address (P.O. Box Number is Not Acceptable) 1221 13TH COURT, S.W. **LARGO FL 33770** City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. Change **MGRM** \_\_\_ Addition SHEA, SUANNA S MAME 700003249647*-*-05/11/00--01127--009 STREET ADDRESS 1221 13TH COURT, S.W. STREET ADDRESS \*\*\*\*\*50.00 CITY-ST-ZIP **LARGO FL 33770** CITY- ST- ZIP \*\*\*\*50.00 ☐ Detete TITLE Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-ZIP \_\_\_ Addition ☐ Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITI F MASSE MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Addition Channe TITLE ☐ Detate TITLE NAME NAME STREET ADDRESS STREET ANNRESS CITY- ST- 71P CITY-ST-71P Change Addition ☐ Delete TITLE TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(727) 443-6934