

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001841**

1. Entity Name

Jayzee, L.C.

FILED

01 APR -4 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1471 S. Missouri Ave.
Clearwater, FL 33756**

Mailing Address

**P.O. Box 1290
Largo, FL.
33779-1290**

900003995319--6

-04/12/01--01120--012

*******50.00 *****50.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUSANNA S. Shea, Esq.
1471 S. Missouri Ave.
Clearwater, FL 33756**

Name

Same as before

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

has changed from

1221 13th Ct. SW

City

Largo FL 33770

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

Susanna S. Shea, Managing Member

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

10. ADDITIONS/CHANGES

TITLE **mgrm** ☐ Delete
NAME **Susanna S. Shea**
STREET ADDRESS **1471 S. Missouri Ave**
CITY-ST-ZIP **Clearwater FL 33756**

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

TITLE ☐ Delete
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:

Susanna S. Shea

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

Date

3/30/01 (727) 443-6934

Daytime Phone #

CR2E083 (11/00)