

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0017857 AF

**DOCUMENT #** L99000000930  
1. Entity Name  
FOG JAX ONE, L.L.C.

Principal Place of Business      Mailing Address  
1745 W. FLETCHER AVENUE      1745 W. FLETCHER AVENUE  
TAMPA FL 33612                      TAMPA FL 33612

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      Applied For  
52-2147186                              Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RICE, MITCHELL F**  
1745 W. FLETCHER AVENUE  
TAMPA FL 33612

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE 000004192450-7

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

-05/10/01--01026--016  
\*\*\*\*\*50.00      \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME      MGRM RICE, MITCHELL F       Delete  
STREET ADDRESS      1745 W. FLETCHER AVENUE  
CITY-ST-ZIP      TAMPA FL 33612

TITLE NAME       Change       Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME      MGRM HACKNER, MARK O       Delete  
STREET ADDRESS      1745 W. FLETCHER AVENUE  
CITY-ST-ZIP      TAMPA FL 33612

TITLE NAME       Change       Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME       Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME       Change       Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME       Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME       Change       Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME       Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME       Change       Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME       Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME       Change       Addition  
STREET ADDRESS  
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] **SIGNATURE REQUIRED**

4/16/01      (813)968-6511

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

Date

Daytime Phone #

CR2E083 (11/00)