

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001973

1. Entity Name  
IEC ACQUISITION OF JACKSONVILLE, L.L.C.

Principal Place of Business  
250 LANE AVENUE NORTH  
JACKSONVILLE FL 32254

Mailing Address  
250 LANE AVENUE NORTH  
JACKSONVILLE FL 32254-2815

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  
59-3569964

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



APPROVED  
AND  
FILED  
00 MAY -2 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVINE, MICHAEL J  
250 LANE AVENUE NORTH  
JACKSONVILLE FL 32254

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
DEVINE, MICHAEL J  
250 LANE AVENUE NORTH  
JACKSONVILLE FL 32254 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
100003259491-2  
-05/19/00-01085-016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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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

MICHAEL J. DEVINE

4-20-00

Date

904 786-3861

Daytime Phone #

CR2E083 (9/99)