

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90009 013 ****50.00

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**

2. Principal Place of Business

924 N. LANE AVENUE

3. Mailing Address

924 N. LANE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3569964

Applied For

Not Applicable

Zip

Country

32254

USA

Zip

Country

32254

USA

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

**DEVINE, MICHAEL J
250 LANE AVENUE NORTH
JACKSONVILLE FL 32254**

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
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **924 N. LANE AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

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

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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:

MICHAEL J. DEVINE, MANAGER

Date

Daytime Phone #

4-18-02 (904) 786-3861

CR2E083 (9/01)