

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90290 017 ****50.00

DOCUMENT # L99000004482

1. Entity Name

TREMRON JACKSONVILLE, L.C.

Principal Place of Business

2885 ST. CLAIR ST.
JACKSONVILLE FL 32254

Mailing Address

2885 ST. CLAIR ST.
JACKSONVILLE FL 32254

2. Principal Place of Business

2885 St. Claire Street

3. Mailing Address

2885 St. Clair Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32254

Country

Duval

Zip

32254

Country

4. FEI Number

59-3598951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARON, HUGH
2885 ST. CLAIR ST.
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name Hugh Caron

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

2885 St. Claire St.

City

Jacksonville

FL

Zip Code

32254

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 registering)

DATE

1/8/2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

#1300
ck# 1246
1/9/02
W

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME PACITTI, EDILIO
STREET ADDRESS 11321 N.W. 138TH STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE MGR
NAME CARON, MICHEL
STREET ADDRESS 11321 N.W. 138TH STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE MGR
NAME CARON, HUGH
STREET ADDRESS 2885 ST. CLAIR ST.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

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

Date

1/8/2002 (904)359-5900

Daytime Phone #

CR2E083 (9/01)