

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **- 199/5833**
 1. Entity Name **J & D BUILDERS L.L.C.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUL -3 PM 1:29
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Principal Place of Business **128 LAUREN PL**
ST. AUGUSTINE FL 32080
 Mailing Address **SAMES**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip **32080** Country **US**
 3. Mailing Address
128 LAUREN PL
 Suite, Apt. #, etc.
 City & State **ST. AUGUSTINE FL**
 Zip **32080** Country **US**

4. FEI Number **59-3595614**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JAMES V. WALKER
217 PONTE VEDRA PARK DR.
PONTE VEDRA BCH, FL 32082

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVID W. QUINNEY 128 LAUREN PL ST. AUGUSTINE FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER - Member JAMES N. ROBSON FLINDAMAR DR. ST. AUG. FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **5/2/00** **(904) 826-5060**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)