

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005833

1. Entity Name

J & D BUILDERS, L.L.C.

Principal Place of Business

128 LAUREN PLACE
ST. AUGUSTINE FL 32080

Mailing Address

146 INLET DRIVE
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

109311A Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 270

City & State

St Augustine, FL 32080

Zip

Country

Zip

Country

32080

St Johns

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

7. Name and Address of New Registered Agent

WALKER, JAMES V
217 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH FL 32082

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

000008312550--0
-10/10/02--01080--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME QUINNEY, DAVID W
STREET ADDRESS 128 LAUREN PLACE
CITY-ST-ZIP ST. AUGUSTINE FL 32080

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

TITLE MGRM ☐ Delete
NAME ROBshaw, JAMES N
STREET ADDRESS 7 LINDA MAR DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32080

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
DAVID W QUINNEY

10/4/02 904 669 9511

Date

Daytime Phone #

CR2E083 (9/01)