

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90143 011 \*\*\*\*50.00

**DOCUMENT # L99000006089**

1. Entity Name

**JEFFERSON POWER, L.C.**

Principal Place of Business

Mailing Address

**ROUTE 3, BOX 66M  
 BRISTOL FL 32321**

**ROUTE 3, BOX 66M  
 BRISTOL FL 32321**

2. Principal Place of Business

**JEFFERSON POWER**

3. Mailing Address

**423 OLD DIRECTION ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MONTICELLO FL**

City & State

**MONTICELLO FL**

Zip

**32344**

Country

**U.S.A**

Zip

**32344**

Country

**U.S.A**

4. FEI Number **59-3607333**

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

**LARKINS, MITCHELL  
 ROUTE 3, BOX 66M  
 BRISTOL FL 32321**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 LARKINS, MITCHELL  
 ROUTE 3, BOX 66M  
 BRISTOL FL 32321** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 LTJ, INC.  
 901 GEDDIE ROAD  
 TALLAHASSEE FL 32304** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 FLINT RIVER YARDS, INC.  
 P.O. BOX 477  
 CAIRO GA 31728** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 AMERICAN INVESTMENT GROUP, INC.  
 P.O. BOX 552  
 BRISTOL FL 32321** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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 REQUIRED**

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

**7/23/02**

Date

**997/0575**

Daytime Phone #

CR2E083 (4/02)