

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90026 021 \*\*\*\*50.00

**DOCUMENT # L99000007105**

1. Entity Name

**J.D.P. INVESTMENTS, LLC**

Principal Place of Business

**50 SOUTH U.S. HIGHWAY ONE, SUITE 206  
 SUITE 206  
 JUPITER FL 33477**

Mailing Address

**50 SOUTH U.S. HIGHWAY ONE, SUITE 206  
 SUITE 206  
 JUPITER FL 33477**

2. Principal Place of Business

**50 S U.S. Hwy 1  
 Suite, Apt. #, etc.  
 suite 206**

3. Mailing Address

**50 South U.S. Hwy 1  
 Suite, Apt. #, etc.  
 suite 206**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, PAUL M  
 710 CLAREMORE DRIVE  
 WEST PALM BEACH FL 33401**

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 ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **ADAMS, PAUL M**  
 CITY-ST-ZIP **710 CLAREMORE DRIVE**  
**WEST PALM BEACH FL 33401**

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **COLLINS, JOHN**  
 CITY-ST-ZIP **110 BOBWHITE ROAD**  
**ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **MEZZAPELLE, DAVID**  
 CITY-ST-ZIP **50 SOUTH U.S. HIGHWAY ONE, SUITE 206**  
**JUPITER FL 33477**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **suite 206**  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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

Daytime Phone #

**1/22/02 501 7450222**

CR2E083 (9/01)