

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 29 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007653

1. Entity Name
JPS COMPANY, L.L.C.

Principal Place of Business
201 GULF OF MEXICO DRIVE. #6
LONGBOAT KEY FL 34228

Mailing Address
201 GULF OF MEXICO DRIVE. #6
LONGBOAT KEY FL 34228-4022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
303 South Palm Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2583
Suite, Apt. #, etc.

City & State
Sarasota, FL
Zip
34236
Country
USA

City & State
Sarasota, FL 34230
Zip
34230
Country
USA

4. FEI Number
65-0960052
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CLABAUGH, JAMES E MGRM
201 GULF OF MEXICO DRIVE, #6
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
303 South Palm Ave.
City
Sarasota FL Zip
34236

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]* JAMES E. CLABAUGH MGRM 4/26/2000
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	<i>Managing Member</i> JAMES E. CLABAUGH MGRM 303 S. Palm Ave. Sarasota, FL 34236	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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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]* JAMES E. CLABAUGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/2000 941-366-4414
Date Daytime Phone #

CR2E083 (9/99)