

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008986

1. Entity Name
J. HOULTON, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -3 PM 1:29

Principal Place of Business
1355 PINELLAS BAYWAY #16
ST. PETERSBURG FL 33715

Mailing Address
SAME

2. Principal Place of Business
1355 PINELLAS BAYWAY
Suite, Apt. #, etc.
#16
City & State
ST. PETERSBURG FL
Zip
33715
Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
City
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3624413
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JERRY HOULTON
1355 PINELLAS BAYWAY #16
ST. PETERSBURG FL 33715

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 *Jerry Houlton* (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	MGRM Houlton, Jerry 1355 Pinellas Bayway #16	<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	300003317113--0 -07/10/00--01011--002 *****50.00 *****50.00	<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: *Jerry Houlton* JERRY HOULTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date Daytime Phone #

CR2E083 (11/99)