

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90151 037 ****50.00

DOCUMENT # M00000002005

1. Entity Name

CORKY'S INVESTMENTS OF JACKSONVILLE, LLC



Principal Place of Business

**1750 WALLS ROADS DRIVE
ORANGE PARK FL 32073**

Mailing Address

**1750 WALLS ROADS DRIVE
ORANGE PARK FL 32073**

2. Principal Place of Business

1754 WELLS ROAD

Suite, Apt. #, etc.

3. Mailing Address

101 FAIRWAY OAKS DR.

Suite, Apt. #, etc.

City & State

City & State

ORANGE PARK, FL

Zip

Country

Zip

Country

32003

US

4. FEI Number **31-1731112**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, DONALD L
101 FAIRWAY OAKS DRIVE
ORANGE PARK FL 32003**

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

SIGNATURE

Donald L Gilbert **Donald L Gilbert**

3/14/03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GILBERT, DONALD L**
STREET ADDRESS **101 FAIRWAY OAKS DRIVE**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
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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:

Donald L Gilbert **Donald L Gilbert**

3/14/03

904 334 3459

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

Date

Daytime Phone #

CR2E083 (10/02)