

2002 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90068 041 ****50.00

DOCUMENT # M01000000621

1. Entity Name

J.T.V. INVESTMENT GROUP, LLC

Principal Place of Business

4670 HIGHWAY 78
LOGANVILLE GA 30052

Mailing Address

4670 HIGHWAY 78
LOGANVILLE GA 30052

2. Principal Place of Business

613 Evergreen St
Suite, Apt. #, etc.
Panama City Beach

3. Mailing Address

4670 Hwy 78
Suite, Apt. #, etc.
Loganville, Ga.

City & State

FLA

City & State

Loganville, Ga.

Zip

32407

Country

Zip

30052

Country

US

4. FEI Number

58-2581513

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITEFIELD, N.J.
813 EVERGREEN STREET
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name: N.J. Whitfield
Street Address (Box Number is Not Acceptable):
613 Evergreen St.
Panama City Beach
City: FL Zip Code: 32407

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: *N.J. Whitfield*

1-24-02

Signature, typed or printed name of registered agent and firm 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	MGRM	<input type="checkbox"/> Delete
NAME	WHITFIELD, N.J.	
STREET ADDRESS	4670 HIGHWAY 78	
CITY-ST-ZIP	LOGANVILLE GA 30052	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Leon Whitfield	
STREET ADDRESS	4670 Hwy 78	
CITY-ST-ZIP	Loganville, GA 30052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 60B, Florida Statutes.

SIGNATURE: *N.J. Whitfield*

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

1-24-02 770 466-2998

Date

Daytime Phone #

CR2E083 (9/01)