

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**  
01-29-2003 90045 031 \*\*\*\*50.00

**DOCUMENT # M02000003050**

1. Entity Name  
**JAX HOTEL LLC**



Principal Place of Business  
**123 NORTH COURT STREET  
FAYETTEVILLE WV 25840**

Mailing Address  
**123 NORTH COURT STREET  
FAYETTEVILLE WV 25840**

2. Principal Place of Business  
**1021 Hospitality Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Drawer 359**  
Suite, Apt. #, etc.



20019320

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville FL**  
Zip  
**32225** Country  
**Dural**

City & State  
**Fayetteville WV**  
Zip  
**25840** Country  
**Fayette**

4. FEI Number **06-1649636**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RAX CO.  
50 NORTH LAURA STREET SUITE 3300  
JACKSONVILLE FL 32202**

**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 \_\_\_\_\_ (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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PMC LIMITED LIABILITY COMPANY  
123 NORTH COURT STREET  
FAYETTEVILLE WV 25840** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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:** Charlest H. Wendell **SIGNATURE REQUIRED** 1/23/03 304-574-3096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)