2000 UNIFORM BUSINESS REPORT (UBR)

					_					
DOCUMENT # M9900001055 1. Entity Name						FILED				
J-MARK SOUTHEAST, LLC						00 JAN 24 PM 3: 45				
District ADI Control of the Control						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Plac 501 AVE R SI		Mailing Address 501 AVE R SW				IALLAHASSEE, FLORIDA				
WINTER HAVE	N FL 33880	WINTER HAVEN FL 33880-3858							8101 011 8 1 811 1881	
		1.0.11.60-1.01								
2. Principal Place of Business		3. Mailing Address 4337 W. FILLMALE ST.			7					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		PHOENIX - AZ		2	4. FEIN	00.0000462			Applied For Not Applied	
Zip	Country	Zip 85043	Coun	try 51	5. Certi	ficate of Status	Desired	\$5.00 Fee Req	Additional uired	
	6. Name and Address of Current				7. Name	and Address	of New Regist	ered Agent	:	
. Name ₃ ,						÷	en e			
					Address (P.O. Box Number is Not Acceptable)					
	JTH PINE ISLAND ROAD ON FL 33324			<u></u>			_			
PLANIAII	ON FE 33324			City				FL Zip C	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	·	FILE N	OW!!! I	FEE IS \$50.00)					
		Make Check Pa	yable to	o Department	of State					
9.	MANAGING MEMB	ERS/MEMBERS	10.			A[DITIONS/CHAI	NGES		
TITLE	MGR	Delete	TITL					Chang		
NAME STREET ADDRESS	MEYERS, JEFF 4375 E. LAKE DEXTER DRIVE		NAM. STRE	ET ADDRESS		7000	62/61/od	-333 -3135-	-	
CITY- ST- ZIP	WINTER HAVEN FL 33884		CITY	- \$T- ZIP			*****20 * i		÷ Š0.00	
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CITY- 8T- ELP				- ST- ZIP			<u></u>			
TITLE		Delete	TITLE		÷	~~~ ^	11.	Chan	ge 🔲 Addition	
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CITY- ST-ZIP			CITY	- ST - ZIP						
TITLE		☐ Delete	TITLE					Ctrang	ge Addition	
NAME STREET ADDRESS			NAM Stre	E ET ADBRESS						
CITY-8T-ZIP	_			- 8T- ZIP						
indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have	the same	e legal effect as if	made unde	oath: that I ar	. Statutes. I furth n a managing n	er certify that the	ne information ager of the	
limited lia	bility company or the receiver or trustee	empowered to execute this	report as	required by Cha	pter 608, Flo	rida Statutes.	• •			