2000 UNIFORM BUSINESS REPORT (UBR)

0016974 AB

DOCUMENT # M99000001276

1. Entity Name

JAGUAR BELLS, LLC

FILED
00 DEC 29 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4107 COLUMBIA ROAD. SUITE TB MARTINEZ GA 30907	4107 COLUMBIA ROAD. SUITE TB MARTINEZ GA 30907-1485

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-2482144 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, DEBRA L
1858 SOUTH 8TH STREET
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name HEATH, FRANK C JR

Street Address (P.O. Box Number is Not Acceptable)

4448 Swilcan Bridge Ln. N.

City Jacksonville **FL** Zip Code 32224

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 Frank C. Heath, Jr. 1/8/01
Signature, type 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 Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWN, WAYNE B 4107 COLUMBIA ROAD, SUITE TB MARTINEZ GA 30907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003572481---3 -01/24/01--01013--024 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PARADISE, DAVID 417 MAIN STREET NATCHEZ MS 39120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HEATH, FRANK C JR. 1047 SOARING WAY MARIETTA GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition MGRM Heath, Frank C. Jr 4448 Swilcan Bridge Ln N. Jacksonville, FL 32224
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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.

Sign here X Frank Heath X

SIGNATURE: Wayne B. Brown 9/15/00 706-855-6395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #