

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90015 017 ****55.00

DOCUMENT # L00000003093

1. Entity Name

JRG, L.L.C.

Principal Place of Business

**420 CLEMATIS STREET
WEST PALM BEACH FL 33401**

Mailing Address

**420 CLEMATIS STREET
WEST PALM BEACH FL 33401**

2. Principal Place of Business

861 JUPITER PARK DR.

Suite, Apt. #, etc.

SUITE A

City & State
JUPITER, FLORIDA

Zip
33458

Country
U.S.A.

3. Mailing Address

861 JUPITER PARK DR.

Suite, Apt. #, etc.

SUITE A

City & State
JUPITER, FLORIDA

Zip
33458

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1008656

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAUDET, JOSEPH E
420 CLEMATIS STREET
WEST PALM BEACH FL 33401**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAUDET, JOSEPH E III
420 CLEMATIS STREET
WEST PALM BEACH FL 33401**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAUDET, ROBERT S
420 CLEMATIS STREET
WEST PALM BEACH FL 33401**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**861 JUPITER PARK DR, SUITE A
JUPITER, FL 33458**

☒ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**861 JUPITER PARK DR, SUITE A
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☐ 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:

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

Date

Daytime Phone #

2/12/02 561-748-3040

CP2E083 (9/01)