

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90093 017 \*\*\*\*50.00

0019070

**DOCUMENT # L00000006658**

1. Entity Name

**JJ STROSS L.C.**

Principal Place of Business

**721 FIRST AVENUE NORTH  
ST PETERSBURG FL 33701**

Mailing Address

**721 FIRST AVENUE NORTH  
ST PETERSBURG FL 33701****80042301**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**28-8380084**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ENGLANDER, LEONARD S  
721 FIRST AVENUE NORTH  
ST PETERSBURG FL 33701****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

**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  
**MGRM  
STROSS, JOHN E  
430 PARK STREET NORTH  
ST. PETERSBURG FL 33710** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**10. ADDITIONS/CHANGES**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STROSS, JOHN E.  
7864 1/2 AVENUE SOUTH  
ST. PETERSBURG, FL 33707** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)