

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000111

1. Entity Name
ADG GROUP, LLC



FILED
03 APR 25 PM 4:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
13575 58TH ST. N., SUITE 144
CLEARWATER FL 33760

Mailing Address
13575 58TH ST. N., SUITE 144
CLEARWATER FL 33760

2. Principal Place of Business
825 Parkway Street

3. Mailing Address
825 Parkway Street

Suite, Apt. #, etc.
Suite #4

Suite, Apt. #, etc.
Suite #4

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip Country
33477 USA

Zip Country
33477 USA

4/25 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0398753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Joseph G. Lubeck
Street Address (P.O. Box Number is Not Acceptable)
825 Parkway Street - Suite 4
City JUPITER FL Zip Code 33477

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

Joseph G. Lubeck, MGR
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

4/24/03
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
MGR LUBECK, JOSEPH G
STREET ADDRESS
13575 58TH STREET N #144
CITY-ST-ZIP
CLEARWATER FL 33760 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
825 Parkway Street - Suite 4
Jupiter, FL 33477 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 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:

Joseph G. Lubeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/8/03 (561) 745-8545
Date Daytime Phone #

CR2E083 (10/02)