

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90028 001 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000012632

1. Entity Name
LAW OFFICES OF ROBERT E. BONE, JR., LLC



Principal Place of Business
2804 S. DEL PRADO BLVD., SUITE 209
CAPE CORAL, FL 33904

Mailing Address
2804 S. DEL PRADO BLVD., SUITE 209
CAPE CORAL, FL 33904

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
65-1128128

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONE, ROBERT E JR.
1450 RICARDO AV
FORT MYERS, FL 33901

Name Robert E. Bone Jr.
Street Address (P.O. Box Number is Not Acceptable)
3230 NW 23rd St
City Cape Coral FL Zip Code 33993

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

[Signature]

(NOTE: Registered Agent signature required when resigning)

DATE

5/19/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BONE, ROBERT E JR.
1450 RICARDO AV
FORT MYERS, FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3230 NW 23rd St
Cape Coral, Florida 33993 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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☐ Delete

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)(l), 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

5/19/03 239-945211

CR2E083 (10/02)

Attachment
POC#LO1000012632

10106250

MADDEN & BONE
LAW FIRM P.A.

Robert E. Bone Jr.
rbone1@myfloridaattorney.com

Joseph M. Madden Jr.
jmadden@myfloridaattorney.com

2804 S. Del Prado Blvd., Suite 209
Cape Coral, Florida 33904
Tel: (239) 945-2111 - Fax 541-7283

2222 Second Street, Suite F
Fort Myers, Florida 33901
Tel: (239) 332-2100 - Fax 332-2150

Reply to: Cape Coral Office

May 20, 2003

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

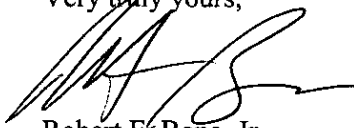
Re: Law Offices of Robert E. Bone, Jr., L.L.C.; UBR Report

Gentlemen:

Please find attached the 2003 UBR for Law Offices of Robert E. Bone, Jr., L.L.C., and my check in the amount of \$50.00, which represents the filing fee. I did not receive the UBR and am, therefore, filing the on-line form.

If you have any questions, please contact me.

Very truly yours,



Robert E. Bone, Jr.

REB:cab
Enclosures