2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#	L980000	000585					FILED	÷		000
1. Entity Name T.R. JONES & COMPANY OF BROWARD, L.C.										2
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Principal Plans of Principal						SECRET TALLAH	ARY OF	STATE		
Principal Place of Business 1780 NORTH KROME AVENUE		lailing Address P.O. BOX 901505		•		IALLAN	ASSEE, F	LORIDA	١	
HOMESTEAD FL 33030	′ '	HOMESTEAD FL 33090			ļ					
2. Principal Place of Business	3.	Mailing Address			_		 	Dili Delet Dile.	18181 8111 1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	DO NOT WR	ITE IN THIS SI	PACE		
City & State		City & State			4. FEI N	Number 65-083467	1		oplied For]
Zip Coi	untry	Zip	Coun	try	5. Certif	ficate of Status Desired		5.00 Ad		
6. Name and A	Address of Current Regis	stered Agent	<u> </u>	-	7. Name	e and Address of New		ee Require gent	d	{
				Name						
LUND, L. ALAN 1780 NORTH KROME AVENUE		•		Street Addres	(P.O. Box N	lumber is Not Acceptabl	e)			
HOMESTEAD FL 33030		•		-		 			-	
	~			City	,		FL	Zip Cod	е	1
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8. The above named entity subm	nits this statement for the p	purpose of changing its	registere	ed office or regis	tered agent, d	or both, in the State of F	orida.			1
-	nits this statement for the p	ourpose of changing its	registere	ed office or regis	tered agent, o	or both, in the State of F	orida.			
SIGNATURE	nits this statement for the p			ed office or regis			orida.			
SIGNATURE		if applicable. (NOTI	E: Registered	Agent signature requ	red when reinstati					
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SIGNATURE	d name of registered agent and title	if applicable. (NOTI	E: Registered OW!!! I	d Agent signature requirement	red when reinstati	ing)	DATE /CHANGES	☐ Change	☐ Addition	11/00)
9. TITLE MEM JONES, THOM. STREET ADDRESS 1780 NORTH K	d name of registered agent and title MANAGING MEMBERS/I AS R JR. (ROME AVENUE	if applicable. (NOTI FILE NO Make Check Pa MEMBERS	OW!!! I ayable to	FEE IS \$50.0 Department	red when reinstati	ing)	DATE /CHANGES	☐ Change	☐ Addition	083 (11/00)
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MATON REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE