

2001 UNIFORM BUSINESS REPORT (UBR)

(AC)

FILED

01 MAR 12 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008133 AF

DOCUMENT # **L98000000585**

1. Entity Name

T.R. JONES & COMPANY OF BROWARD, L.C.

Principal Place of Business

1780 NORTH KROME AVENUE
HOMESTEAD FL 33030

Mailing Address

P.O. BOX 901505
HOMESTEAD FL 33090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0834671

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

LUND, L. ALAN
1780 NORTH KROME AVENUE
HOMESTEAD FL 33030

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MEM JONES, THOMAS R JR.
STREET ADDRESS 1780 NORTH KROME AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MEM LUND, L. ALAN
STREET ADDRESS 1780 NORTH KROME AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

1/11/01 305-247-5121
Date Daytime Phone #

CR2E083 (11/00)