

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002687

1. Entity Name

RODRIGUEZ & GRANT L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -6 PM 1:37

W2/4

Principal Place of Business

2928 DANIELS STREET
MARIANNA FL 32446

Mailing Address

PO BOX 6399
MARIANNA FL 32447

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3562320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRANT, WILLIAM J
~~PO BOX 6399~~
~~MARIANNA FL 32447~~

7. Name and Address of New Registered Agent

Name William J. Grant
Street Address (P.O. Box Number is Not Acceptable)
2928 DANIELS STREET
City MARIANNA FL Zip Code 32447

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

2-6-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

300004890883--1
-02/07/02--01068--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GRANT, WILLIAM J
STREET ADDRESS P.O. BOX 6399
CITY-ST-ZIP MARIANNA FL 32447

TITLE MGRM ☐ Delete
NAME RODRIGUEZ-JIMENEZ, HORACIO JORGE M.D.
STREET ADDRESS 2928 DANIELS STREET
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William J. Grant

2/4/02 2504826686

CR2E083 (9/01)