

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0010748 AF

DOCUMENT # L99000003356

1. Entity Name

JONES, MADDEN & GROSSO, PLC

00 APR 17 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

759 SOUTH FEDERAL HIGHWAY, SUITE 212
STUART FL 34994

Mailing Address

759 SOUTH FEDERAL HIGHWAY, SUITE 212
STUART FL 34994-2972

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

MUM

4. FEI Number

65-0929591

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSSO, JOSEPH D JR.

759 SOUTH FEDERAL HIGHWAY, SUITE 212
STUART FL 34994

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE NAME MGRM MATTHEW L. JONES, P.A.
STREET ADDRESS 759 SOUTH FEDERAL HIGHWAY, SUITE 212
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE NAME MGRM JOHN W. MADDEN, P.A.
STREET ADDRESS 759 SOUTH FEDERAL HIGHWAY, SUITE 212
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE NAME MGRM JOSEPH D. GROSSO, JR., P.A.
STREET ADDRESS 759 SOUTH FEDERAL HIGHWAY, SUITE 212
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 400003228944--5
-04/28/00--01823-005
*****50.00 *****50.00

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

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

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

Date

Daytime Phone #

CR2E083 (9/99)