

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003356

1. Entity Name

JONES, MADDEN & GROSSO, PLC

Principal Place of Business

759 SOUTH FEDERAL HIGHWAY, SUITE 212
STUART FL 34994

Mailing Address

759 SOUTH FEDERAL HIGHWAY, SUITE 212
STUART FL 34994

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

65-0929591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSSO, JOSEPH D JR.

759 SOUTH FEDERAL HIGHWAY, SUITE 212
STUART FL 34994

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

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Member only; no longer mgr

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

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100004134701-3
-05/03/01-01127-025

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

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
*****50.00 *****50.00

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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 #

4-18-01 561-220-3796

APPROVED
AND
FILED

01 APR 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)