

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90057 002 ****50.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**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)

**789 South Federal Highway
 SUITE 310**

City

STUART

FL

Zip Code

34994

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

4-29-02

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

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 **789 South Federal Hwy**
 STREET ADDRESS **SUITE 310**
 CITY-ST-ZIP **STUART, FL 34994**

TITLE ☒ Change ☐ Addition
 NAME **789 South Federal Highway**
 STREET ADDRESS **SUITE 310**
 CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

4-29-02

772-220-3456

CR2E083 (9/01)