

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016517

1. Entity Name

RUDD JONES, P.E. AND ASSOCIATES, P.A.

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90006 048 ***550.00

Principal Place of Business

Mailing Address

49 FLAGLER AVENUE
SUITE 202
STUART FL 34994

49 FLAGLER AVENUE
SUITE 202
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

735 COLORADO AVENUE

735 COLORADO AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

SUITE 1

City & State

City & State

STUART, FL

STUART, FL

Zip

Country

Zip

Country

34994

US

34994

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0899325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADDEN, JOHN W
759 S. 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, FRED R JR.
49 FLAGLER AVENUE, SUITE 202
STUART FL 34994 ☐ Delete

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

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☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Fred R Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/01

Date

561-221-9600

Daytime Phone #

CR2E034 (10/00)