## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P99000016517 **DOCUMENT #**

1. Entity Name

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



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90075 012 \*\*\*150.00

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Suite, Apil M, etc.   Suite, Apil M, etc.   Suite, Apil M, etc.   Chy & Suite   Chy & Suite   A, FLI Number 65-089325   Applied For MAKING CHANGES  Zig   Country   Zig   Country   S, Certificate of Status Desired   S8.75 Additional Foo Required  G. Name and Address of Current Registrated Agent   7. Name and Address of New Registrated Agent   Name   N	735 COLORADO AVENUE SUITE 1 STUART FL 34994				735 COLORADO AVENUE SUITE 1 STUART FL 34994 US								
City & State    City & State    City & State    City & State    A. FCI Number   65-089325   Acquired for   Net Applicable   Set Applicable   S													
Country   Zip   Country   S. Certificate of Status Desired   Set Status Desired Agent   Name   Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Gesired   Foe Proquired   Foe Proquir	City & State				City & State			4.	FEI Number <b>65-0899325</b>	nn-189932n			
MADDEN, JOHN W 759 S. FEDERAL HIGHWAY SUITE 212 STUART FL 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. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam farmillar with, and accept the obligations of registered agent, or both,				Zip		Coun	try 5. Certificate of S		Certificate of Status Desired [				
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	12. i hereby o	ertify that the	information supplied wit	h this filina	does not qualify for	the exer	mption stated in	n Section 1	119.07(3)(i), Florida Statutes, Lifurth	er certify	that the in	formation	

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 10 or Block 11 if changed, or on an attachment with an address, with applications of the receiver of trustee empowered. REQUIRED SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

772-221-8600

Daytime Phone #