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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

10085232

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521046

1. Entity Name
JONES SHEET METAL SHOP, INC.

Principal Place of Business
111 BRUNSON BLVD.
COCOA, FL 32922

Mailing Address
111 BRUNSON BLVD.
COCOA, FL 32922

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1709781** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FIKE, WOODROW N.
111 BRUNSON BLVD.
COCOA, FL 32922**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature must be printed name of registered agent and 188 T corp/LLC. NOTE: Registered Agent Sign is required when returning.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIKE, WOODROW N RT 4 BOX 896 B ORLANDO, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition FIKE, WOODROW N 183 SO. FT. CHRISTMAS RD. CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIKE, CAROLINE L RT 4 BOX 896 B ORLANDO, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition FIKE, CAROLINE L 183 SO. FT. CHRISTMAS RD. CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, TOMMY 4775 KEY MADEIRA TITUSVILLE, FL 32180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STURGILL, LARRY 24622 COMET ST. CHRISTMAS, FL 32709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with authority empowered.

SIGNATURE: *Caroline L. Fike* CAROLINE L. FIKE 4/22/03 407-518-440

SIGNATURE AND TYPE IN PRINT IS NAME OF SIGNING OFFICER OR DIRECTOR